

**Burlington Regional RecPlex
Softball League Roster**

****Rosters must be turned in and signed before your first game****

Team Name: _____

Team Coach: _____ Phone: _____

Address: _____ Email: _____

Player Name (print)

Signature

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

**Notice: 1. Each player's name must be printed with a signature to the above roster.
2. Incomplete rosters will not be accepted**

In signing the above roster, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for injuries or damages arising out of this program. I am fully aware that accidents and injuries may occur during the conduct of this program and do fully absolve the City of Burlington, elected or appointed officials, from all personal liability as a result of my participation in this program.