Softball Team Roster

TEAM NAME: _____

DIVISION: _____

Manager/Captain Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Hotel: _____

Assist. Coach's Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Informed Consent and Release: Important, this is a legal document, read carefully. Each of us, the undersigned players/coaches, acknowledge, agree and understand to participate and hereby assume all risks of injury or loss incurred or suffered while on and/or upon the premises of the City of Tremonton, its agents, servants, associates, employees or anyone connected with the City of Tremonton may claim, damages, costs or cause or action which I have or may in the future have as a result of injuries or damages sustained or incurred while and/or upon the premises of the City of Tremonton. I the undersigned player/coach, acknowledge that I have read and understand the above.

Player's Name	Address	Phone	Email	Signature
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