Softball Team Roster Form

Sports and Recreation Center
1765 S. 4th Street, DeKalb, IL 60115
Phone: (815) 758-7756 | Fax: (815) 758-7956

Session: _____ **Division/League: _____**

Team Name: _____

Team Manager: _____ **Phone #: (____) _____-_____**

Address: _____ **Email: _____**

WAIVER: *By signing the roster below, I certify that I am 18 years of age or older. I understand and acknowledge that I may suffer serious injury including, but not limited to, sprains, fractures, brain damage, paralysis, or even death by participating. I fully understand that neither DeKalb Park District nor its agents or employees, nor the owners of the facility take any responsibility for injuries sustained within the facility or the area surrounding the facility. I hereby agree to release, indemnify and hold harmless DeKalb Park District, its officers, directors, agents and employees from and against all claims, causes, suits, loss liability, injury or damage to me or my property arising from, because of, or in connection with the participation in DeKalb Park District activities.*

Players Name	Phone #	Date of Birth	Email Address	Players Signature