

SOFTBALL TEAM ROSTER - BOISE PARKS & RECREATION DEPARTMENT

GOLD LEAGUE

SEASON/YEAR FALL 2019 TEAM NAME _____

Preferred League and Division: COED C _____ MEN'S: _____ SENIOR _____ WOMEN _____
 Division 1 = competitive to 14 = recreational

CAPTAIN'S NAME _____ PRIMARY PHONE _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: I, the undersigned player, acknowledge, agree and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above. 2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury, death or property damage to me or other players. 3) I release, discharge and agree not to sue the team, manager, sponsor, umpires, Boise Parks & Recreation and its employees and/or Amateur Softball Association and all other cooperating agencies. I understand all rules, regulations and deadlines. I give my consent to use any photographs or videotape taken of me in future promotional or marketing materials. **Teams will not be put into any league until full payment is received by Boise Parks and Recreation.**

*CHECK THE BOX MARKED 'T' IF PLAYING TOURNAMENTS WITH THIS TEAM (CANNOT BE REGISTERED ON MORE THAN ONE TOURNAMENT TEAM IN COED, MEN'S, AND WOMEN'S)
 I understand Boise Parks & Recreation may distribute mailing lists created as part of my registration in BP&R programs and activities to individuals and organizations upon request.

ADDRESS VERIFIED
BPR STAFF INITIALS AND DATE

SPECIAL REQUESTS / CONFLICTS: _____

Special Requests (There are NO GUARANTEES and specific times CANNOT be requested):

	PLAYER'S FULL NAME (<i>PRINT</i>)	* T	Resident / Non resident	PRIMARY PHONE	ADDRESS/ZIP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

MANAGER SIGNATURE _____ COMMISSIONER SIGNATURE _____ DATE _____

	PLAYER'S FULL NAME (<i>PRINT</i>)	* T	Resident / Non resident	PRIMARY PHONE	ADDRESS/ZIP
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

PLAYER'S NAME (if under 19 years old)	GUARDIAN'S SIGNATURE (if under 19 years old)