

# ELKHORN PARK & RECREATION - 2010 ADULT SOFTBALL TEAM ROSTER

**MANAGERS:** Return to the Park & Recreation Department by 4:00 pm before your first game..

NAME OF TEAM: \_\_\_\_\_ DIVISION ENTERED: \_\_\_\_\_ YEAR: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_ PHONE #: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LEAGUE FEE PAID (\$325)	[ ]
DATE PAID	

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

**READ CAREFULLY:** As manager of the above stated softball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years softball league sponsored by the City of Elkhorn Park & Recreation Department. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury while taking part in the league. This also involves going to site/leaving for home during the dates of the league. No Accident insurance is provided through the City of Elkhorn.

SIGNATURE OF TEAM MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_