



Team rosters are frozen after week 5 and any changes after that must be approved by the league director

ADULT TEAM REGISTRATION - ROSTER AND WAIVER OF LIABILITY FORM - MUST BE RECEIVED BY: _____

SPORT (CHOOSE ONE): SOFTBALL FASTPITCH SAND VOLLEYBALL T-BALL COACH PITCH

| | | | | | | | | | |
|------------------------|-----|--|--|-------|--|--|--|---|--|
| TEAM NAME | | SEASON / NIGHT | | YEAR | DIVISION (CHOOSE ONE) C D REC-1 REC-2 REC-3 | | | GENDER (CHOOSE ONE) MEN'S WOMEN'S COED | |
| MANAGER'S NAME | | | ADDRESS | | | | | | |
| CITY | ZIP | PHONE (HOME) (CELL) | | EMAIL | | | | | |
| ASSISTANT MANAGER NAME | | | PHONE (HOME) (CELL) | | EMAIL | | | | |

WAIVER OF LIABILITY

I/we hereby release and forever discharge the Victory Lane Sports Park, and its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a Victory Lane Program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of Victory Lane Sports Park or its officers, employees, or agents.

TEAM ROSTER – ALL PLAYERS MUST BE 18 YEARS OR OLDER AT THE TIME OF REGISTRATION

| Player Names (Print) | Day Phone | E-Mail | Player Signature | Date Signed |
|----------------------|-----------|--------|------------------|-------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |
| 9) | | | | |
| 10) | | | | |
| 11) | | | | |
| 12) | | | | |
| 13) | | | | |
| 14) | | | | |
| 15) | | | | |
| 16) | | | | |
| 17) | | | | |
| 18) | | | | |

As Team Manager, I verify that names, addresses, and phone numbers are correct. I understand that we must uphold the rules and regulations of the Victory Lane Sports Park. I understand each participant involved plays or attends at his/her own risk and is responsible for his/her own health insurance coverage.

Manager's Signature _____ Date _____