



# City Summer Softball

## Team Roster

16 Games | June 6<sup>th</sup> 2021

Roster Due Date: **5:00 pm Thursday May 27th 2021**

GENDER:  COED       MEN'S       WOMEN'S

TEAM NAME: \_\_\_\_\_ NIGHT OF PLAY: \_\_\_\_\_ DIVISION: \_\_\_\_\_

I, the undersigned, agree to indemnify, defend and hold harmless, the City of Albuquerque, against any and all damages to property or injury to, or death of, any person, including property or employees of the City of Albuquerque and any from any and all claims, demands, actions, suites, or proceedings of any kind or nature. I assume all risk of injury to my person and property that may be sustained in connections with any activity in and about the premises. I am in good health and have no physical condition that would prevent me from participating. I am familiar with the skills required to participate. I further agree to practice and display good sportsmanship at all times and agree to abide by the "Player/Participant Code of Conduct" and fully waive all rights associated with the "Player/Participant Code of Conduct". I have read the Waiver of Liability and fully understand its terms, conditions, and meanings.

	Player's Name (Print or Type)	Player's Signature	Phone #	State ID #	FOR OFFICE USE ONLY		
					Code of Conduct	USSSA Waiver	COVID Form
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manager Name: \_\_\_\_\_ Manager Email: \_\_\_\_\_ Manager Phone (C): \_\_\_\_\_

Asst Mgr Name: \_\_\_\_\_ Asst Mgr Email: \_\_\_\_\_ Asst Mgr Phone (C): \_\_\_\_\_

\* Managers & Assistant Managers information must match registration forms.

FOR OFFICIAL USE ONLY					
Payment Amount Made	Payment Type	Date	Cashier	Receipt #	Sanction Fee Paid?