



2024 City **SOFTBALL** Team Roster

 SPRING

 SUMMER

 FALL

TEAM NAME: _____ Night of Play: _____

2024 Paperwork Due Dates:

SPRING March 1st, SUMMER April 3rd, FALL Sep 5th

Only completed rosters will be accepted. Must include full name, signature, ID#, signed waiver and code of conduct from each player.

GENDER: Coed Men's Women's 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 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 connection 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 Code of Conduct." I have read the Waiver of Liability and fully understand its terms, conditions and meaning.

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

*Manager Name: _____ Mgr Email: _____ Manager Phone (C): _____

Asst Mgr Name: _____ Asst Mgr Email: _____ Asst Mgr Phone (C): _____

*Manager and Assistant Manager names and information must match Registration form.

For Official Use Only					
Explanation	Amount	Cash/Check/CC	Date	Receipt #	Initials