



2020 City **SUMMER SOFTBALL** Team Roster

TEAM NAME: _____ Night of Play: _____

Date Due: **April 14, 2020**

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 or Parent/ Guardian Signature (if a minor)	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