Incomplete rosters will not be accepted.

City of Albuquerque Parks and Recreation Official Softball/Baseball Roster Form

| Date Due: |
|-----------|
|-----------|

| N.O.P. | |
|----------|--|
| IN.CO.F. | |

| 9 | Spring | Summer | Fall _ | Mixed | lMe | en's | Women's | Youth | | | |
|--|-------------|-----------|----------------|-------------|-------|-------------|-----------------|----------|----------------------------|--|--|
| | | | Classification | | | | | | | | |
| 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 form participating. I am familiar with the skills required to participate. I further agree to practice and display good sportsmanship at all times and abide by the "Player Code of Conduct". I have read the Waiver of Liability and fully understand its terms, conditions and meaning. | | | | | | | | | | | |
| Player's Nar | | Playe | r's Signature | | Phone | I | dentification # | Pa | arent's-Guardian Signature | | |
| (Print or Typ | ie) | | | | | | | | (Only if minor) | | |
| 1. | | | | | | | | | | | |
| 2. 3. | | | | | | | | | | | |
| 3. 1 | | | | | | | | | | | |
| 4. 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |
| 10. 11. | | | | | | | | | | | |
| 12. | | | | | | | | | | | |
| 13. | | | | | | | | | | | |
| 14. | | | | | | | | | | | |
| 15. | | | | | | | | | | | |
| 16. | | | | | | | | | | | |
| 17. | | | | | | | | | | | |
| 18. | | | | | | | | | | | |
| 19. | | | | | | | | | | | |
| 20. | | | | | | | | | | | |
| Team Name | | | Manager Name | | | | Email | | | | |
| Address | | Business | City | Ce | State | | Managan C | Zip | | | |
| Home PhoneAlternative Contact | | Business_ | | Ce Email | 11: | | Manager S | ignature | | | |
| Home Phone | | Busine | | <u> </u> | Cell: | | | | | | |
| For Official Use Only | | | | | | | | | | | |
| Explanation | Am | ount | Cash/Check/CC | | Date | | Receipt # | | Initials | | |
| | | | | | | | | | | | |
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