

Crawfordsville Parks & Recreation Department

Adult Volleyball Team Roster



THIS ENTIRE FORM MUST BE FILLED OUT CLEARLY IN PRINT (BLUE or BLACK PEN) OR TYPE.
 ROSTER WILL NOT BE ACCEPTED IF THEY ARE NOT PROPERLY FILLED OUT OR LEGIBLE

TEAM NAME:	Classification (Check One) Men's League <input type="checkbox"/>	Women's League <input type="checkbox"/>	Coed League <input type="checkbox"/>
Coach:	Cell:	Text?(circle) YES NO	
Address:	City:	Zip:	

Email:

	PRINT Players Name(First, Last)	Phone Number	Address	Signature
1				
2				
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*I understand that participation in activities sponsored by the Crawfordsville Parks & Recreation Department (the "Activities") is available at my discretion, and that I am not compelled in any way to participate in any Activities. I understand that participation in Softball involves a degree of risk of injury and even death and that I am voluntarily participating in the Activities and using equipment with knowledge of the danger involved. In consideration of being allowed to participate in Softball, I, for myself and my heirs, representatives and assigns, hereby release and forever discharge, and agree to indemnify and hold harmless, the City of Crawfordsville, the Crawfordsville Parks and Recreation department, C.A.S.A., and their Boards, officers, employees, and any representatives and any person or entity acting on their behalf, from any and all responsibility or liability (including attorney fees) for injuries, damages or death resulting from or arising out of my participation in any Activities or my use of equipment or machinery in connection with such Activities. By signing this roster each player, coach and manager attest that they have read and understand the above waiver. Failure to sign this waiver will result in player being prohibited from participation in the softball program and possible forfeiture of the game.