

ADULT SOFTBALL TEAM REGISTRATION AND ROSTER FORM

ALL INFORMATION MUST BE COMPLETE BEFORE TEAMS CAN REGISTER!

TEAM NAME		SEASON		YEAR	
DIVISION/LEAGUE		NIGHT		LOCATION	
MANAGER'S/CAPTAIN'S NAME (Must be listed as one of the 18 players on the roster)		ADDRESS		CITY	ZIP
E-MAIL ADDRESS		PHONE (HOME) ()		PHONE (WORK) ()	
SPONSOR/CONTACT (if applicable)	ADDRESS	CITY	ZIP	PHONE	
ARE YOU A RETURNING TEAM? IF YES, LIST TEAM NAME BEFORE					
NEW TEAMS (additional information for teams that did not play in Glendale last season)					
WHERE TEAM LAST PLAYED		SEASON TEAM LAST PLAYED		CLASSIFICATION LAST PLAYED	
TEAM NAME LAST PLAYED		COACH'S NAME LAST PLAYED			

RISK: The City of Glendale, the Glendale Parks and Recreation Department, league director and staff, or league umpires do not provide insurance coverage for individuals participating in the adult softball leagues. The Glendale Parks and Recreation Department would like to inform all participants in the adult softball program that the nature of the game of softball is hazardous and risky, including various acts that can cause serious injury or death to all players.

PRINT CLEARLY	PLAYER'S NAME	ADDRESS/CITY/ZIP	HOME PHONE
1-12 GLENDALE RESIDENTS (for priorities I & II registration status only)			
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
NON-GLENDALE RESIDENTS			
13)			
14)			
15)			
16)			
17)			
18)			

As team manager/coach, I verify that all players have had an opportunity to read this document.

SIGNATURE _____ DATE _____