

STREETSBORO PARKS & RECREATION ROSTER

Team Name: _____

MANAGER NAME: _____ **Cell Phone:** _____ **Home Phone:** _____

2nd CONTACT NAME: _____ **Cell Phone:** _____ **Home Phone:** _____

The undersigned is aware of, and as well has been advised of the risks of personal injury from engaging in softball activities. Notwithstanding, he/she voluntarily elects to participate in such activities coordinated by the City of Streetsboro and agrees to hold the City and its employees harmless for any injuries sustained.

	<u>NAME</u>	<u>SIGNATURE</u>	<u>ADDRESS</u>	<u>CITY & ZIP</u>	<u>TELEPHONE</u>
1)	Manager	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____
7)	_____	_____	_____	_____	_____
8)	_____	_____	_____	_____	_____
9)	_____	_____	_____	_____	_____
10)	_____	_____	_____	_____	_____
11)	_____	_____	_____	_____	_____
12)	_____	_____	_____	_____	_____
13)	_____	_____	_____	_____	_____
14)	_____	_____	_____	_____	_____
15)	_____	_____	_____	_____	_____
16)	_____	_____	_____	_____	_____
17)	_____	_____	_____	_____	_____
18)	_____	_____	_____	_____	_____