



BERNALILLO COUNTY PARKS AND RECREATION  
SPORTS PROGRAM

2008 FALL ADULT SOFTBALL LEAGUE

ROSTER

PLEASE PRINT EXCEPT FOR THE SIGNATURES

TEAM  
NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

MANAGER \_\_\_\_\_ ASST. COACH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BUSINESS/CELL \_\_\_\_\_ BUSINESS/CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DAYS PREFERRED \_\_\_\_\_ DAYS OF CONFLICT \_\_\_\_\_

MAILING ADDRESS FOR TEAM MANAGER

STREET \_\_\_\_\_ HOUSE/APT# \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_ A.S.A FEE \_\_\_\_\_

\*\*\*ALL PLAYERS MUST READ AND SIGN\*\*\*

1. THE ADMINISTRATIVE RULES
2. RULES AND REGULATIONS
3. THE DISCIPLINARY RULES
4. CODE OF CONDUCT.

ANY INDIVIDUAL WHO PUTS HIS/HER PERSONAL INFORMATION ON THIS ROSTER AND SIGNS THIS FORM AGREES TO HAVE READ AND COMPLETELY UNDERSTANDS THE RULES, POLICIES AND LEGAL COMPONENTS OUTLINED WITHIN THE 2008 FALL SOFTBALL INFORMATION PACKET.

THIS ALSO CERTIFIES THAT MANAGER(S) AND PLAYER(S) THAT HAVE SIGNED THIS ROSTER FORM UNDERSTAND, RECOGNIZE AND AGREE TO THE FOLLOWING:

1. UNDERSTAND THAT SOFTBALL IS A PHYSICALLY DEMANDING ACTIVITY AND CAN CAUSE POSSIBLE PHYSICAL AILMENTS FOR ALL THE PLAYERS.
2. PLAYER (S) THAT ARE NOT PHYSICALLY FIT OR LACK THE APPROPRIATE PLAYING EXPERIENCE IN SOFTBALL MAY BE SUBJECT TO A HIGHER RISK OF INJURY.
3. ALL PLAYERS PARTICIPATE AT THEIR OWN RISK.

**HOLD HARMLESS AGREEMENT**

MY TEAM PLAYERS AND I UNDERSTAND AND AGREE TO HOLD HARMLESS, ANY OF THE BERNALILLO COUNTY EMPLOYEES, CONTRACTORS AND THOSE ASSISTING WITH THE 2008 FALL ADULT SOFTBALL LEAGUE. THIS WOULD BE FROM ANY CLAIMS, SUITS, ACTIONS OR CAUSES OF ACTION ARISING FROM ANY INJURY, ACCIDENT/OR CONDUCT INVOLVING MY TEAMMATES AND MYSELF. THIS INCLUDES BUT IS NOT LIMITED TO THE COSTS OF REASONABLE ATTORNEY'S FEES ASSOCIATED WITH ANY CLAIMS, SUITS, ACTIONS OR CAUSES OF ACTION.

MANAGER/COACH \_\_\_\_\_

DATE \_\_\_\_\_

TEAM  
NAME \_\_\_\_\_

**Please Note:** Managers falsifying or forging signatures may constitute expulsion from the League.

PLEASE TYPE OR PRINT THE NAMES OF PLAYERS ON YOUR TEAM  
(EXCEPT FOR THE SIGNATURES)

	NAME	SIGNATURE	PHONE	DRIVERS LIC. # OR SOCIAL SECURITY # (LAST 4 DIGITS)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____