## **BELCHERTOWN RECREATION ADULT CO-ED SOFTBALL LEAGUE**

Team Name or Sponsor:		Div	Division BDivision C		
Manager's/Coaches Name:		Address:			
Home Phone:	Work Phone	Cell Phone:	Email:		
Asst. Manager's/Asst Coach	Address:				
Home Phone:	Work Phone	_ Cell Phone:	Email:		
Name	Address (City, State, Zip Code)	Phone Number or E-mail	Date of Birth	Signature of Participant	

\_\_\_\_\_, certify, to the best of my knowledge, all information contained on this list above to be correct.

Please Print Manager's Name

Manager's/Coaches Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EACH PARTICIPANT PLEASE READ BELOW STATEMENT BEFORE SIGNING ROSTER FORM:

I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY THE RECREATION DEPARTMENT, TOWN OF BELCHERTOWN, INCLUDING COACHES AND EMPLOYEES, WHETHER PAID OR VOLUNTARY, AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANTS PARTICIPATION IN THE PROGRAM AND/OR BEING TRANSPORTED TO AND FROM THE SAME WHICH TRANSPORTATION I HEREBY AUTHORIZE.