Hampshire Township Park District

Adult Softball Roster 2025

TEAM NAME:_____ Team Manager: _____ Phone: _____ Email:_____

LEAGUE: _____DAY:_____ 2nd Contact:_____ Phone:_____ Email:_____

We the undersigned, hereby acknowledge that each of us has read the waiver and release form and each of us, individually hereby agrees to be bound by the terms of said waiver and release forever. Each player must sign his or her own signature, and this signature is for both the Roster and Waiver & Release for All Claims form.

PRINT NAME CLEARLY	BIRTHDATE	ADDRESS	CITY	PHONE	SIGNATURE
1.	/ /				
2.	/ /				
3.	/ /				
4.	/ /				
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19.	/ /				
20.	/ /				
Additional Players: (Must be documented and reported to the Athletic Supervisor BEFORE 7/24)					
21.	/ /				
22.	/ /				
23.	/ /				
24.	/ /				
25.	/ /				

I certify the above to be correct:_____ Date:_____ Team Fee Paid $_____ League Fee on Date: _____

Signature of team Manager

ATTENTION: The **code of conduct agreement** must be signed by each participant and turned in with your roster by the beginning of your third game. The Roster and Agreement will be collected by the supervisor no later than the start of your third game. Thank You.