



SOFTBALL - TOWN OF DANVILLE

OFFICIAL TEAM ROSTER AND MANAGER'S CONTRACT



For Office Use Only

Resident Non-Resident

Date/Time Received:

League Fees: \$ + (# of NR x \$10) Check # Credit Card Cash

Payment Information:

Credit Card #: Exp: CVC:

Name on Card: Signature:

REGISTRATION INFORMATION: Spring Summer Fall

Select your preferred league night (1st, 2nd, and 3rd choices):

- 1st Choice: Men's 18+ Mon. Coed 5x5x5 Tue. Men's 40+ Wed. Men's 18+ Thu.
2nd Choice: Men's 18+ Mon. Coed 5x5x5 Tue. Men's 40+ Wed. Men's 18+ Thu.
3rd Choice: Men's 18+ Mon. Coed 5x5x5 Tue. Men's 40+ Wed. Men's 18+ Thu.

Team Name:

MANAGER INFORMATION

Name:

Address: City/State/Zip:

Contact Number: Email:

Co-Manager (optional):

Manager's Agreement: I hereby request placement of the above-named team in the Town of Danville's Adult Softball League Program for the selected season and day. I further agree that all participants on this team will follow and obey all items included in the Town of Danville's Adult Softball Rules and Regulations Handbook. I understand and accept responsibility for my team's actions on Town of Danville property, and understand any action taken by the League Coordinator for player's misconduct. I further understand that any misconduct by any team player(s) could result in dismissal from this Adult Sports League program, and forfeiture of all fees paid. I recognize this is a recreation league and ensure the highest code of sportsmanship is maintained.

I hereby certify that the information provided in this form is correct, and agree to the responsibilities as the Team Manager.

Team Manger's Signature: Date:

Waiver of Liability: I, the undersigned do hereby waive, release, and discharge all claims for damages, death, personal injury, property damage which I may have, or which may hereafter accrue to me as a result of participation in said activity. I understand that accidents can occur during the said activity. Knowing the said activity, I hereby agree to assume those risks. This release is intended to discharge and hold harmless the Town of Danville, its officers, and employees of liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand the photographs and/or video may be taken of me during the course of said activity, and that these photographs and/or video may be used on the Town of Danville’s publications. I have read and understand this release.

Team Name: _____

1. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
2. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
3. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
4. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
5. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
6. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
7. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
8. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
9. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
10. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone

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Team Name: _____

11. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
12. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
13. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
14. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
15. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
16. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
17. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
18. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone