



TOWN OF DANVILLE ADULT SOFTBALL LEAGUE OFFICIAL TEAM ROSTER AND MANAGER'S CONTRACT

RECREATION, ARTS & COMMUNITY SERVICES



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 _____

Monday Men's 18+ Wednesday Coed 18+ Thursday Men's 18+ Thursday Men's 35+

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 and all Covid-19 guidance whether it be issued from the County, State, or Federal Government. 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, hereby waive, release, and discharge all claims for damages, illness, 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 risks of the said activity, I hereby agree to assume those risks. I agree to be responsible for following all Covid-19 guidance (County, State, and/or Federal). This release is intended to discharge and hold harmless the Town of Danville, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and/or video may be taken of me during the course of the said activity and that these photographs and/or video may be used on the Town of Danville publications. I have read and understand this release. **Signatures are valid for one (1) full year.**

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
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Address	City/Zip	Birth Date	Work Phone

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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