

ROSTERS MUST BE TURNED IN ON OR BEFORE THE LEAGUE DEADLINE.

TEAM NAME		
MANAGERS NAME	PHONE	
E-MAIL ADDRESS		
MAILING ADDRESS		
CITY / STATE / ZIP		
GAME NIGHT	LEAGUE	YEAR

[illegible]

(1) Voluntarily and of my own free will, I elect to participate as a member of the above named softball team and league.
(2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players.
(3) I also release, discharge, and agree not to file suit against the team, umpires, ASA, Idaho ASA, and/or the City of Coeur d'Alene.

MANAGER SIGNATURE _____ COMMISSIONER SIGNATURE _____