

2020 ADULT SOFTBALL LEAGUE SOFTBALL ROSTER FORM
ALL PLAYERS MUST SIGN BELOW BEFORE THEY CAN PLAY

Team Name:

*A player signing his or her name on this Softball Roster form acknowledges that they have read and understand all of the provisions of the waiver and release form on the reverse side of this form.
 Please contact the Community Services Department for more information: (707) 463-6714*

	PRINT PLAYER'S NAME	PLAYER'S SIGNATURE <i>(Read Waiver Before Signing)</i>	HOME STREET ADDRESS	ZIP CODE	PHONE	DATE OF BIRTH <small>(Minimum Age is 18)</small>	FOR OFFICIAL USE ONLY
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COACH (NON-PLAYER. NO FEE)	Name:	Signature:	Phone:	Address:
	Name:	Signature:	Phone:	Address: