



# CITY OF TUSTIN ADULT SOFTBALL OFFICIAL ROSTER FORM

Team Name: \_\_\_\_\_ Season: Winter  Spring  Summer  Fall

League Preferred: M  T  W  TH  F  Men's  Coed

Level Preferred: Lower  Middle  Upper

Manager's Name:	Co-Manager's Name:
Address:	Address:
City/Zip:	City/Zip:
Cell Phone Number:	Cell Phone Number:
Email Address:	Email Address:

Notes or special considerations (no guarantees): \_\_\_\_\_

By signing the roster below:  
 1. I **RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF TUSTIN, IT'S EMPLOYEES, OFFICERS, COUNCILMEMBERS AND AGENTS** (hereinafter collectively referred to as "the City") for and from any and all claims and liability arising out of strict liability, dangerous condition of public property and/or indemnify and hold the City harmless for and from a claim, judgment or expense the City may incur which may arise out of my participation in the Activity.  
 2. Acknowledge that the Activity is inherently dangerous and that I participate at my own risk. I further understand that the Activity contains risks of minor injury, serious injury and even death, and that all other participants in the Activity pose a danger to me. Nevertheless, I **VOLUNTARILY ELECT TO ACCEPT ALL RISK** connected with my participation in the Activity.  
**\*ROSTER MUST INCLUDE ALL THE INFORMATION FOR EACH PLAYER OR IT WILL NOT BE ACCEPTED**  
**\*PLEASE WRITE ELLIGABLY OR THE ROSTER WILL NOT BE ACCEPTED**

	Player's Name/T-Shirt Size	Player's Cell Phone Number	Player's Email Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Date payment received: \_\_\_\_\_ Staff: \_\_\_\_\_ Roster complete: \_\_\_ Y or N \_\_\_

Form of payment: cash \_\_\_\_\_ company check number: \_\_\_\_\_ cc# \_\_\_\_\_

**For additional information, please call the Tustin Adult Sports Team at 714-573-3328.**