

City of Dover Parks & Recreation TEAM ROSTER FORM

Circle League: Men's Softball League Co-Ed Softball League

Team Name: _____ Division (circle): Northern Division Southern Division

Manager's Name _____ Coach's Name _____

Mailing Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Phone: Home _____ Cell _____

Work _____ Email _____ Work _____ Email _____

PLAYER RELEASE AND WAIVER: In consideration of my participation in this league, I hereby, for myself, heirs, executors, or administrators, waive and release any and all rights and all claims for damages I may have against the City of Dover, Department of Parks and Recreation, their agents, representatives, or assignees for any and all injuries which may be suffered by my participation. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or film whenever so desired free of any claims on my behalf.

1.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

2.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

3.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

4.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

5.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

6.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

7.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

8.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____
	Address _____		City _____	State _____	Zip _____
				DOB ____/____/____	Signature _____

Additional spaces on back All roster information must be legible, completed in full and signed by the player, or it will not be accepted.

PLAYER RELEASE AND WAIVER: In consideration of my participation in this league, I hereby, for myself, heirs, executors, or administrators, waive and release any and all rights and all claims for damages I may have against the City of Dover, Department of Parks and Recreation, their agents, representatives, or assignees for any and all injuries which may be suffered by my participation. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or film whenever so desired free of any claims on my behalf.

9. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

10. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

11. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

12. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

13. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

14. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

15. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

16. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

17. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

18. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

19. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

20. First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____
Address _____ City _____ State _____ Zip _____ DOB ____/____/____ Signature _____

All roster information must be legible, completed in full and signed by the player, or it will not be accepted.