HAYWARD AREA RECREATION AND PARK DISTRICT

Adult Sports Office

League & Tournament Roster/Waiver

(For Office Use Only:) Receipt #_____

Fee Paid $_____Ck#____ Cash____ Rec._____

Please check the appropriate box(s) failure my impact your teams placement:

____**Softball** **Slo-Pitch** ☐ **Fast Pitch** ☐ **League Requested:** **Men __ Women__ Co-Ed__ Girls__ 35+__40+__**

Classification: A__B__C__D__E__ Ages: 10__12__14__16__18__Master__

League Night: Mon__ Tues__ Wed__ Thur__Fri__Sat__Sun__

Returning Status: ☐ Returning ☐ New 2008 Team Name_____

Tournament Event Date:_____ Second League Choice:_____

TEAM NAME _____ASA REG #_____ MANAGER'S NAME_____

MANAGERS ADDRESS_____

Street City Zip Code

PHONE ( )_____(DAY) ( )_____(EVENING) ( )_____(CELL)

E-MAIL ADDRESS_____ FAX ( )_____

(Official League or Tournament Brackets may be distributed by E-mail or fax. Please enter this information if possible)

	Player Name (Print)	Street Address, City & Zip	Signature (if under 18-Parent)	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

Commissioner/Deputy Commissioner or Area Director Authorization

The informatiom regarding the players and team classification detailed on this roster are true and accurate to the best of my knowledge.

Authorized Signature_____ Date_____ Team Registration #_____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the above signed player, acknowledge that I have read and understand each and every provision of this agreement and understand that:

- I voluntarily and of my own free will, elect to participate as a member of the softball team and league indicated below.
- 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, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
- I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death.
- I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and stationary objects, all of which can cause serious injury or death to me and to other players.
- I agree that in consideration for the right to play as a member of the team designated and in consideration for permission to play on the field arranged for by the team or league I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
- I release, discharge and agree not to sue the team and league designated below, the Hayward Area Recreation and Park District, the South County Softball Association, the ASA of America, or their owners, officers, agents, servants, associations, employees or any person or entity connected with the team, league, field or ASA of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.