

VIRGINIA BEACH PARKS AND RECREATION
ADULT SOFTBALL LEAGUE TEAM ROSTER

Season: _____ Team Name: _____ Division: _____

Rosters are limited to twenty (20) players. Players, coaches and/or managers must be listed on and sign this Team Roster as a player in order to participate in league games. Players, coaches and/or managers who play in games and have not signed this Team Roster will be suspended for up to one year from the date of the infraction from the league in which the illegal participation occurred, and will cause their team to forfeit all previously played games. This roster must be submitted to the Sports Management Office located at the Princess Anne Athletic Complex, 4001 Dam Neck Road. Mail or deliver in person. Fax, scan, or copy can precede the Sports Management Office receiving the originally signed form. However, the original must be submitted to the Sports Management Office. All rosters must be filled out completely. Any player with missing information (address, phone number, birthdate, and/or signature) will not be added to the team online roster until missing information has been provided.

TEAM MANAGER AND/OR COACH: READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING.

I, the undersigned manager and/or coach, agree to participate with the above team during the season stated or until released by said team, according to the rules and regulations governing the league.

I release any person or group connected with the team or league and the City of Virginia Beach Department of Parks and Recreation for all liabilities sustained from any and all injuries by me while playing, practicing, or traveling to and from games.

COACH VERIFICATION

As the coach of the above team, I verify that all the information supplied is correct to the best of my knowledge. I also understand that as a coach I am responsible for the conduct of players and spectators during all games and while these persons are on the premises. **Furthermore, I will not play in any league/playoff games, unless I sign the Team Roster.**

Print Coach's Name _____ Coach's Signature _____ Date _____

Address _____ City _____ Zip _____

Phone # (H) _____ (W) _____ (C) _____ Fax _____

Age _____ Email Address _____

OVER

PLAYERS: READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING.

I, the undersigned player, agree to participate with this team during the season stated or until released by said team, according to the rules and regulations governing the league. I understand that my participation in games without signing below may result in my suspension for up to one year from the date of the infraction from the league in which the illegal participation occurred, and may cause my team to forfeit all previously played games.

I release any person or group connected with the team or league and the City of Virginia Beach Department of Parks and Recreation for all liabilities sustained from any and all injuries by me while playing, practicing, or traveling to and from games.

Adult Softball League Team Roster

Team Name _____

| Jersey # | Print/Type Player's Name | Player's Signature | Address (Street, City, State and Zip Code) | Phone | Date of Birth | Email Address | Date Signed |
|----------|--------------------------|--------------------|--|-------|---------------|---------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PLAYERS: READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING.

I, the undersigned player, agree to participate with this team during the season stated or until released by said team, according to the rules and regulations governing the league. I understand that my participation in games without signing below may result in my suspension for up to one year from the date of the infraction from the league in which the illegal participation occurred, and may cause my team to forfeit all previously played games.

I release any person or group connected with the team or league and the City of Virginia Beach Department of Parks and Recreation for all liabilities sustained from any and all injuries by me while playing, practicing, or traveling to and from games.

Adult Softball League Team Roster

Team Name _____

| Jersey # | Print/Type Player's Name | Player's Signature | Address (Street, City, State and Zip Code) | Phone | Date of Birth | Email Address | Date Signed |
|----------|--------------------------|--------------------|--|-------|---------------|---------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|---------------------------------|----------------|
| Athletic Office Use Only | |
| Date Received _____ | Initials _____ |