

Team Registration Form

Team Name: _____

Manager: _____

PLAYERS- Please Read Before Signing the Roster Form!

I ACKNOWLEDGE, UNDERSTAND, AND FULLY ASSUME THE RISKS OF PARTICIPATION IN RECREATIONAL ACTIVITIES AND I FULLY AGREE NOT TO HOLD LIABLE THE OREGON ADULT SOFTBALL ASSOCIATION, OR ANY OFFICERS, AGENTS, OR EMPLOYEES THEREOF FOR ANY PERSONAL INJURY, DAMAGE, OR LOSS OF PERSONAL PROPERTY arising out of, or in connection with, participation in a game, event, or activity, except for damage or injury resulting from intentional or reckless acts. I also understand the Oregon Adult Softball Association DOES NOT carry insurance on any of the participants.

By signing below have read and understand the WAIVER OF LIABILITY AGREEMENT and choose to accept the terms and conditions without exercising my ability to negotiate the above terms and conditions by signature below.

	PLAYER NAME	ADDRESS	CITY, STATE, ZIP	PHONE	BIRTHDATE MM/YY	PLAYER SIGNATURE
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MANAGER – Please Read Prior to Signing!!

I verify that all the player information supplied is correct, all of the players have signed above in their own handwriting, are over 18 years of age and eligible to compete with my team. I agree to be bound by the rules, and regulations as specified by the Oregon Adult Softball Association as contained in the league rules.

Manager's Signature

Date