



ADULT SPORT TEAM ROSTER

OFFICE USE ONLY:
Date Paid _____
Cash/Check _____
Receipt # _____

League _____ Adult Coed Softball
Please specify Spring or Summer and Men's A, B, C, Coed, Women's

Team Name _____ Email _____

Captain _____ Phone _____

Address _____ City _____ Zip _____

- **Each participant must complete and sign a Waiver**
- **Age Limits: Men's A and B Leagues 18+; Men's C, Coed and Women's Leagues 16+**
- **Teams will not be placed on a schedule unless ALL Waivers, Roster and Fee are turned in at the Recreation Department, 2060 McHenry Avenue, Escalon, CA 95320**

Participant's Name	Age	Home Phone	Work Phone	Waiver Attached ✓
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Captains: As Captain of this team, I certify that all the above information is true and correct and that each participant has been advised of the rules and regulations and has signed a waiver. By my signature I further understand that any participant listed above giving incorrect information shall be declared ineligible and shall cause my team to forfeit every game played to date.

Captain's Signature _____ Date _____