

Team Name:
Manager Name:
Email:
Phone Number

Portage Jr Miss Fall Ball Roster

Age Group (Circle): 8U 10U 12U 14/17U

Circle one: Travel Team or Rec Team

No changes to roster after 9/13/26.

	Player Name	Date of Birth	Age as of 8/31/2026	Parent/Guardian	Phone Number	Email Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

PARENTAL CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent or legal guardian of the player listed on this roster, hereby give permission for my child to participate in the **Portage Jr. Miss Softball (PJM) 2026 Fall Ball League**.

I understand that participation in softball involves inherent risks, including the possibility of serious injury. In consideration of my child's participation, I voluntarily release, waive, and hold harmless Portage Jr. Miss Softball, Inc., its Board of Directors, officers, coaches, volunteers, employees, agents, and affiliates from any and all claims, liabilities, damages, or causes of action arising from or related to my child's participation in league activities, except as prohibited by applicable law.

In the event of an emergency, I authorize Portage Jr. Miss Softball representatives to obtain necessary emergency medical treatment for my child if I cannot be reached. I understand that I am responsible for any medical expenses incurred.

By signing this roster, I acknowledge that I have read, understand, and agree to the terms of this Parental Consent and Release of Liability.