

Team Name: _

Port Washington Parks & Recreation Department

201 N. Webster Street Port Washington, WI 53074 Phone:

262-284-5881

Fax: 262-284-7678

FALL SOFTBALL LEAGUE ROSTER FORM 2021

		dress:	
Cell Phone:	Work Phone:	Email*:	
Asst. Captain:	Add	dress:	
Cell Phone:	Work Phone:	Email*: other information via email)	
(*Please include email addresses to	receive schedule and o	other information via email)	
	ROST	ER OF PLAYERS:	
NAME	PHONE	STREET ADDRESS, CITY	SIGNATURE
understand that there may be ris voluntary participant. In conside of myself, my family, my heirs at from liability, for injury, death or action directly or indirectly resulti incidental thereto during the dura Port Washington, its employees, insurance to participants in recreamay occur to me while participation.	ks and hazards inhereration of my participal and my assigns the Cit loss suffered by me is and out of participation of the scheduled officers, agents and sational activities and ing.	ation I do hereby agree to release, by of Port Washington, its employed in any and all present and future of in the activity, using the facilities of program, which result from the sponsors. The City of Port Washin I assume full responsibility for any IINORS: In the event of a medic	y. I affirm that I am doing so as a waive, absolve, indemnity on behalf es, officers, agents and sponsors claims, liabilities, damages or right of s, or engaging in any activities ordinary negligence for the City of gton does not provide accident and all injuries or damages which al emergency, I authorize the Parks
•		eatment for my son/daughter or m	_
PHOTO RELEASE: I agree to all Washington Parks and Recreation		y photos taken at any program, e	vent or facility of the City of Port
Fee: \$250 Amo	unt Paid:	Balance:	Date: