



CCAC SOFTBALL LEAGUE ROSTER

TEAM: _____

LEAGUE: _____

PLEASE READ THE FOLLOWING BEFORE SIGNING:

In consideration for the privilege of being allowed to engage in athletic competition at the City-County Athletic Complex, Warsaw, Indiana, I hereby release and waive for myself and my heirs, executors, administrators and assigns any claim for personal injury or property damage I may have against CCAC, Inc. or the City of Warsaw, their elected officials, officers or representatives, as a result of participating in, observing, practicing for, or attending events at the facility operated by CCAC, Inc. and I assume all liability for any injuries or damages that may result from such activities.

I hereby attest to the fact that all information supplied below is correct, that I am eligible to compete as a member of my team at the CCAC, and agree to play according to the rules and regulations of the CCAC.

Printed Name	Player/Parent Signature	Street Address	City, ST, Zip	Phone	E-mail	Employer
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