



## Zebulon Parks and Recreation Adult Softball Roster Form

Team Name: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Asst. Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- All players' information must be filled in completely
- Roster Additions (up to 20 players) and changes will be allowed until July 1 deadline

	Player	Address	Home Phone	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Participation in the adult athletic program through the Zebulon Parks and Recreation Department requires all players to read and sign this Roster/Waiver.**

**LIABILITY WAIVER**

I hereby request that the above participant be accepted for participation in the above athletic league. I agree to assume the responsibility for any accident or injury while the participant is engaged in the league and do hereby release and absolve the Town of Zebulon, Zebulon Parks and Recreation, The Zebulon Recreation Advisory Board and/or Wake County Schools, their volunteers, supervisors or sponsors from any or all claims from such accident or injury. I also agree to abide by all rules and regulations established by the Zebulon Parks and Recreation Department and the Zebulon Recreation Advisory Board. Pictures or video clips may be taken while participating in Town of Zebulon programs. I give my permission to the Town of Zebulon to use such photos and videos in promotional, news, or informational media.

**Player Signatures Required** *(Please sign on corresponding number from reverse side)*

**1** \_\_\_\_\_

**11** \_\_\_\_\_

**2** \_\_\_\_\_

**12** \_\_\_\_\_

**3** \_\_\_\_\_

**13** \_\_\_\_\_

**4** \_\_\_\_\_

**14** \_\_\_\_\_

**5** \_\_\_\_\_

**15** \_\_\_\_\_

**6** \_\_\_\_\_

**16** \_\_\_\_\_

**7** \_\_\_\_\_

**17** \_\_\_\_\_

**8** \_\_\_\_\_

**18** \_\_\_\_\_

**9** \_\_\_\_\_

**19** \_\_\_\_\_

**10** \_\_\_\_\_

**20** \_\_\_\_\_