



Cedar Falls Recreation
 110 E. 13th St
 Cedar Falls, IA 50613
 319-273-8636
 www.cedarfalls.com/recreation

ACTIVITY _____

DATE _____

TEAM NAME _____

TEAM REP _____

Note: My signature on this roster binds me to this team until given a release by the manager. I also agree to abide by all rules governing the league. Player - manager's name must appear on the roster below, and he/she will be considered as one of the allotted players.

PARTICIPANT RELEASE STATEMENT: I recognize and understand the activity and give my permission and consent to this participation. I recognize that proper care of equipment, facilities, and adequate supervision will be provided, but that inherent in these activities is a degree of assumption of risk. I do hereby absolve, release and agree to hold harmless the City of Cedar Falls, sponsors, leaders, agents, and volunteers from liability claims in case of accidents.

DISCLAIMER: Participants, family, and spectators engaging in softball and activities related to softball do so with knowledge of the risk and potential exposure involved and agree to accept any and all inherent risks to their personal health.

PRINTED NAME

PHONE #

ADDRESS

BIRTHDATE SIGNATURE

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