

2024 Competitive Softball League Team Roster

| 10 & Under 12 & Under 14 & Under (Please circle one) | | Coach: Team Name: | | |
|--|---|--|------|------------------|
| Print Email: | | Cell: | | |
| Player First & Last Name | Print Parent Email | DOB | Cell | Parent Signature |
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| 20. | | | | |
| | <p>In signing this roster, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and injuries or damages arising out of this program. I am fully aware that accidents and injuries may occur during the conduct of this program and do fully agree to absolve the Quincy Park District, elected or appointed officials, from all personal liability as a result of my participation in said program.</p> <p>Coach Signature : _____ Address: _____</p> | | | |

