

City of Lake Geneva/YMCA Co-Ed Softball League

Name of Team:	Rec Division:	Year: 2019
Team Manager:	Phone #:	Alternate #:
Address:	City:	Zip:
Email:	League Fee Paid:	Check #:

2019 Team Roster ~ Managers must turn this into Avi Mor prior to first game.

RP=Returning Player
 NP=New Player
 W=Signed Waiver Collected

Name	Address, City, State, Zip	Phone	Signature	RP	NP	W
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Read carefully: As manager of the above stated team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this year's softball league sponsored by the City of Lake Geneva/YMCA . In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and the above participants must assume full responsibility for personal injury while taking part in the league. This also involves going to site/leaving for home during the dates of the league. No accident insurance is provided through the City of Lake Geneva or the YMCA.

SIGNATURE OF TEAM MANAGER: _____ **DATE:** _____