

JCC - 2011 Softball Roster Form

League (circle one): Mens Inter-Congregational Spring Coed Summer Coed Fall Coed

Captain: _____ Team Name: _____ E-mail: _____

(may not be offensive or make overt alcohol, drug or sexual reference)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

(PLEASE PRINT) NAME	ADDRESS	CITY	ST	ZIP	PHONE	E-MAIL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

By signing this form, I agree and acknowledge the following: I am familiar with the physical activities/sport for which I am registering to participate, or participating in, and understand that the activities/sport may include physical contact, strenuous physical exercise, and could result in personal injury. Knowing these risks, I hereby agree to waive, release and discharge Jewish Community, its employees and agents from all claims injuries, damages or actions of any kind or nature arising out of my participation in the activities/sport or use of the facilities which may be brought by myself and anyone who might make a claim on my behalf, notwithstanding the negligence of the JCC, its trustees, officers, employees or agents. I understand that I must abide by all the policies and procedures as they apply to the use of the facility.

CAPTAIN'S SIGNATURE

DATE