



St. George Leisure Services Softball Team Roster



TEAM NAME: _____

DIVISION: _____

Coach's Name: _____

Assist. Coach's Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Hotel: _____

Informed Consent and Release: Important, this is a legal document, read carefully. Each of us, the undersigned players/coaches, acknowledge, agree and understand to participate and hereby assume all risks of injury or loss incurred or suffered while on and/or upon the premises of the City of St. George, its agents, servants, associates, employees or anyone connected with the City of St. George may claim, damages, costs or cause or action which I have or may in the future have as a result of injuries or damages sustained or incurred while and/or upon the premises of the City of St. George. I the undersigned player/coach, acknowledge that I have read and understand the above.

Player's Name	Address	Phone	Email	Signature
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