Softball Team Roster

High Point Parks & Recreation Department
136 Northpoint Avenue
High Point , NC 27262
Office (336) 883-3480
Fax (336) 883-8524
www.highpointnc.gov/pr

Team Name: _____

League: **Coed "A"** ☐ **Coed "B"** ☐ **Church** ☐ **Men's Rec. Class A** ☐ **Men's Rec. Class B** ☐ **Men's Rec. Class C**

Last Year's Team Name: _____

	Name	Address	City / State/ Zip	Home Phone	Cell Phone
Head Coach					
Asst. Coach					
Asst. Coach					

Jersey #	Players Name	Address	City / State/ Zip	Home Phone	Cell Phone

Signature of Coach _____ **Date** _____

(Church) Church Official _____ **Date** _____

Head Coach Email Address: _____

Asst Coach Email Address: _____

High Point Parks & Recreation Department
136 Northpoint Avenue
High Point, NC 27262
(336) 883-3480 Phone (336) 822-7126 Fax

Team Name

_____

Print Player Name	Player Signature

Waiver of Liability and Consent for Medical Treatment
(Each participant **MUST** sign this waiver form before participating)

I voluntarily agree to participate in the High Point Parks and Recreation Department's Adult Softball Program. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the City of High Point and its elected and appointed officials, agents, and employees. As a participant, I hereby consent to treatment for myself, for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of High Point Parks and Recreation Department to use my photographs as they see fit in their seasonal recreational brochure. I understand the photograph belongs to the City and I will not receive payment of any kind. I certify that I have read this RELEASE AND WAIVER in full, understand the same and have signed it voluntarily and without any duress or coercion.

PLAYING DAY PREFERENCE ** NOT GUARANTEED

Monday/Wednesday ☐ Tuesday/Thursday ☐

Please select other nights your team can play games:

Mon ☐ **Tue** ☐ **Wed** ☐ **Thur** ☐ **Fri** ☐

EXPECTED LEVEL OF COMPETITION: (please check one)

_☐ Very Competitive _☐ Moderately Competitive _☐ Less Competitive