



## Pleasant Hill Parks and Recreation

### Youth Competitive Baseball/Softball ROSTER FORM

TEAM NAME \_\_\_\_\_

DIVISION \_\_\_\_\_

DATE \_\_\_\_\_

**As parent(s) and/or guardian(s) of my child:**

I/WE (the UNDERSIGNED) hereby acknowledge that certain RISKS OF INJURY are inherent to participation in the sport of baseball/softball. These types of injuries may be minor or serious, and may result from one's own actions, the actions of others, or a combination of both.

I/WE, understand the RULES and REGULATIONS set forth are designed for the safety and protection of participants and spectators, and hereby undertake to abide by these rules and regulations.

I/WE, understand that baseball/softball league participation requires a minimum LEVEL OF FITNESS AND HEALTH, and I/WE hereby WARRANT being physically fit to participate and understand the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS.

I/WE, agree that the City of Pleasant Hill, its employees, servants, or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from my participation in this activity.

I/WE declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby CONSENT to participate acknowledge all of the foregoing.

**As a Coach of a competitive team:**

I accept a position as an intermediary between the Parks and Recreation Staff and the members of my team. I also accept full responsibility for the conduct of my team members.

I will promote GOOD SPORTSMANSHIP among all players, coaches, and spectators at all times.

| <u>PARENT/GUARDIAN SIGNATURE</u> | <u>PLAYER NAME</u> | <u>STREET</u> | <u>CITY</u> | <u>STATE</u> | <u>ZIP</u> | <u>EMAIL</u> | <u>DAY PHONE</u> | <u>DOB</u> |
|----------------------------------|--------------------|---------------|-------------|--------------|------------|--------------|------------------|------------|
| Coach)                           |                    |               |             |              |            |              |                  |            |
| Asst.)                           |                    |               |             |              |            |              |                  |            |
| 1)                               |                    |               |             |              |            |              |                  |            |
| 2)                               |                    |               |             |              |            |              |                  |            |
| 3)                               |                    |               |             |              |            |              |                  |            |
| 4)                               |                    |               |             |              |            |              |                  |            |
| 5)                               |                    |               |             |              |            |              |                  |            |
| 6)                               |                    |               |             |              |            |              |                  |            |
| 7)                               |                    |               |             |              |            |              |                  |            |
| 8)                               |                    |               |             |              |            |              |                  |            |
| 9)                               |                    |               |             |              |            |              |                  |            |
| 10)                              |                    |               |             |              |            |              |                  |            |
| 11)                              |                    |               |             |              |            |              |                  |            |
| 12)                              |                    |               |             |              |            |              |                  |            |
| 13)                              |                    |               |             |              |            |              |                  |            |
| 14)                              |                    |               |             |              |            |              |                  |            |
| 15)                              |                    |               |             |              |            |              |                  |            |