

ROSTER CHANGE FORM
Fill out completely or Forfeit

Team Name _____ **League** _____

Player Name _____

Address _____ Phone No. _____

City _____ State _____ Zip _____

Pertinent Employer & Address _____

Type of Change: Add Delete **Circle:** Resident Non-Resident (if n/r include \$10)

I, _____, (participant), acknowledge that participation in this program may involve some risk of physical injury due to the nature of the activity. In consideration for acceptance in this program, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which my child may incur in this activity, and any and all rights to such damages against the City of Delaware and the Delaware Adult Softball Association or their representatives, employees agents or officials, directors, sponsors, or any officials of this event. I further represent that I am in good physical condition to participate in this event.

Signature of Player _____ **Date** _____

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