

CURRENT TEAM NAME: _____ DIVISION REQUESTED: _____ PREVIOUS YEAR'S TEAM NAME & DIVISION: _____

CAPTAIN'S NAME: _____ ADDRESS/CITY: _____ R NR ZIP: _____ PRIME PHONE: () _____ ALT. PHONE: () _____

CO-CAPTAIN'S NAME: _____ ADDRESS/CITY: _____ R NR ZIP: _____ PRIME PHONE: () _____ ALT. PHONE: () _____

Captain & Co-Captain may not reside at the same address. PLEASE WRITE SPECIAL REQUESTS/ROSTER NOTES HERE:

All players listed on this roster must individually sign their name prior to the roster being submitted. Minimum number of signed players required to submit rosters: Softball 12; Volleyball 7; Soccer 12. A minimum deposit of \$100 must accompany this roster when registering. Any player who does not reside or own property within Valparaiso city limits is assessed a \$12 non-resident fee. Proof of residency may be required. An individual add-on fee will be assessed to any player added after the start of the season. Team late fees will be applied after the deadline date.

1. CAPTAIN'S SIGNATURE: _____ EMAIL ADDRESS _____

2. CO-CAPTAIN'S SIGNATURE: _____ EMAIL ADDRESS _____

By signing, I understand and agree to assume the responsibilities of representing my team by attending league meetings and sharing all league communications with my players. Further, I understand and agree to uphold the rules and regulations of the Valparaiso Department of Parks & Recreation associated with my team's participation in this league.

PLEASE PRINT INFORMATION: PLAYER NAME:	STREET ADDRESS / CITY:	ZIP CODE:	PRIMARY PHONE:	EMAIL (Print):	Original roster must be signed. No copies. SIGNATURE - WAIVER	FOR OFFICE USE ONLY			
						R	NR	ADD	PAID
3.			()			R	NR		
4.			()			R	NR		
5.			()			R	NR		
6.			()			R	NR		
7.			()			R	NR		
8.			()			R	NR		
9.			()			R	NR		
10.			()			R	NR		
11.			()			R	NR		
12.			()			R	NR		
13.			()			R	NR		
14.			()			R	NR		
15.			()			R	NR		
16.			()			R	NR		
17.			()			R	NR		
18.			()			R	NR		
19.			()			R	NR		
20.			()			R	NR		

PARTICIPANT WAIVER

I attest and verify that I am physically prepared and have full knowledge of the risks involved in participating in this program I accept responsibility for my participation and hereby release the Valparaiso Department of Parks and Recreation, the employees thereof, the City of Valparaiso, volunteers, organizations and other agencies affiliated in this program with respect to damages, claims or actions resulting from this event.