

# 2016 HOLMEN PARK AND RECREATION CO-REC SOFTBALL TEAM ROSTER

**MANAGERS:** Return to the Park & Recreation Department with all information completed, player signatures, no later than: Tuesday, September 6, 2016.

NAME OF TEAM: \_\_\_\_\_ DIVISION ENTERED: \_\_\_\_ COMPETITIVE \_\_\_\_ RECREATIONAL YEAR: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_ PHONE #: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Cell Carrier: By listing your cellular carrier, you agree to receive important updates and cancellations via text message from the Village of Holmen. CARRIER: \_\_\_\_\_

LEAGUE FEE PAID (\$165)	
DATE PAID	

League team entry fee is \$165. Proof of Residency is NOT REQUIRED for fall softball.

NAME	ADDRESS	CITY	PHONE	SIGNATURE	DATE OF REGISTER
1.					
2.					
3.					
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18.					

**READ CAREFULLY:** As manager/representative of the above stated softball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years softball league sponsored by the Village of Holmen Park & Recreation Department. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league or tournament. This also involves going to site/leaving for home during the dates of the league or tournament. **No Accident insurance is provided through the Village of Holmen.**

SIGNATURE OF TEAM MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_