

ADULT SPORTS ROSTER FORM

| | |
|------------------------------------|-------------------|
| Sport: | Team Name: |
| Team Sponsor, if applicable | City |

Days of Availability – In Order of Preference

| | | | |
|--|--|--|--|
| 1. <input style="width: 100%;" type="text"/> | 2. <input style="width: 100%;" type="text"/> | 3. <input style="width: 100%;" type="text"/> | |
|--|--|--|--|

Team Manager/Coach

| |
|------------------------------------|
| Name |
| Address |
| City, Zip |
| Primary Telephone () |
| Alternate Telephone () |
| EMAIL: |

Assistant Team Manager/Coach

| |
|------------------------------------|
| Name |
| Address |
| City, Zip |
| Primary Telephone () |
| Alternate Telephone () |
| EMAIL: |

Returning Teams

| | |
|---------------------------------|---------------|
| Last Season Participated | |
| Team Name | |
| League | Record |

New Teams

| |
|--------------------------------------|
| Played in other City Leagues? |
| If "Yes"-In what City? |
| Is this a Company Team? |

Roster Limits

| Sport | Min – Max | Min to turn in Roster |
|---------------|-----------|-----------------------|
| Softball | 10-15 | 9 |
| Coed Softball | 10-17 | 9 |
| Soccer | 5-12 | 5 |
| Volleyball | 5-10 | 4 |
| Basketball | 5-10 | 4 |

Important Dates

| | |
|-------------------------|---|
| Returning Team Deadline | Aug 1 st – 5 th |
| New Team Deadline | Aug. 8 th – 12 th |
| Mngr. Mtg. (VB/SOC) | Aug. 22 nd |
| Mngr. Mtg. (BB/SB) | Aug. 23 rd |
| League Play Begins | Aug. 31 st |

For Office Use Only

| | | | |
|--|---|------------------------|--------------------------|
| Date Received | Time Received | Amount Received | Received By |
| Forfeit Bond on File Receipt # | New Forfeit Bond Amount Paid \$_____ | Receipt Number | Coordinator Notes |
| Non-Res. Fee # of Players () @ \$5.00 Total <input style="width: 100px;" type="text"/> | | | |

Liability Waiver

(After Reading the Following Statement, Each Player On The Roster Must Sign)

In consideration of being permitted to play in this City of Ontario League, **I hereby release**, on behalf of myself, my family, my heirs and my assigns, **the City of Ontario**, the Recreation & Community Services Department, its employees, agents, officials and sponsors, **from liability for injury, death or loss** of suffered by me while participating in said league, or participating in any activities incidental thereto, wherever or however the same may occur, **which result from the ordinary negligence** of the City of Ontario, its employees, agents, officials or sponsors. I affirm that I am voluntarily participation in this program and acknowledge that there are inherent risks in playing this sport that cannot be eliminated even when the greatest care is taken. I know, understand and appreciate these inherent risks. **I assume full responsibility for any and all injuries or damages which may occur to me as a result of such inherent risks associated with playing this sport.**

TEAM ROSTER OF PLAYERS

| | Player Name | Player Signature | Player's City, Address, and Zip Code | Telephone |
|-----|-------------|----------------------------|--------------------------------------|-----------|
| 1. | | See Liability Waiver Above | | |
| 2. | | See Liability Waiver Above | | |
| 3. | | See Liability Waiver Above | | |
| 4. | | See Liability Waiver Above | | |
| 5. | | See Liability Waiver Above | | |
| 6. | | See Liability Waiver Above | | |
| 7. | | See Liability Waiver Above | | |
| 8. | | See Liability Waiver Above | | |
| 9. | | See Liability Waiver Above | | |
| 10. | | See Liability Waiver Above | | |
| 11. | | See Liability Waiver Above | | |
| 12. | | See Liability Waiver Above | | |
| 13. | | See Liability Waiver Above | | |
| 14. | | See Liability Waiver Above | | |
| 15. | | See Liability Waiver Above | | |
| 16. | | See Liability Waiver Above | | |
| 17. | | See Liability Waiver Above | | |

For Office Use Only – ROSTER ADDITIONS

| Date/Initial | Player Name | Player Signature | Player's City, Address, and Zip Code | Telephone |
|--------------|-------------|----------------------------|--------------------------------------|-----------|
| | | See Liability Waiver Above | | |
| | | See Liability Waiver Above | | |
| | | See Liability Waiver Above | | |