

Night Requests - 2 Options Required:

#1. _____

#2. _____

**CITY OF BAKERSFIELD
RECREATION AND PARKS DEPARTMENT
SOFTBALL ROSTER** *RV 1/4/12*

In consideration of my being permitted to take part in the City softball programs, the risks of which are apparent to me, I, for myself, my heirs, executors, administrators, successors and assigns agrees to save harmless, keep, RELEASE AND DISCHARGE, and indemnify the City of Bakersfield A.S.A., its individual members and their respective agents, officers, officials, servants, representatives, and managers from and against all actions, claims, cost and expenses and demands in respect to DEATH, INJURY, LOSS OF OR DAMAGE TO MY PERSON OR PROPERTY, howsoever, cause, arising out of or in connection with my participation in this activity or event and NOTWITHSTANDING that the SAME may have been contributed to, occasioned by, or directly CAUSED BY THE NEGLIGENCE OF THE CITY OF BAKERSFIELD their agents, officers, officials, servants, representatives and managers.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF BAKERSFIELD, AND I SIGN IT OF MY OWN FREE WILL. Information provided herein may be subject to public disclosure.

Please Check Team Type:

<input type="checkbox"/>	MEN	<input type="checkbox"/>	Womens
<input type="checkbox"/>	COED	<input type="checkbox"/>	Over 40

**SOFTBALL ROSTERS AND PAYMENT ARE FIRST COME, FIRST SERVED Space is Limited.
DEADLINE: Please refer to Softball Website or Sports Line for deadline**

Please Circle Team Caliber:

A-Highly Competitive B-Competitive C-Recreational D-Novice

NAME (PRINT)	SIGNATURE	ADDRESS	ZIP	CONTACT #	SHIRT SIZE	AGE
1.						
2.						
3.						
4.						
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MANAGER	ADDRESS	ZIP	CONTACT #	ALTERNATE #	E-MAIL ADDRESS
ALTERNATE CONTACT	ADDRESS	ZIP	CONTACT #	ALTERNATE #	E-MAIL ADDRESS
TEAM NAME	DATE	CHECK # / CASH	RECEIPT #	Total Amount Paid	Employee Initials