

**COON RAPIDS PARKS DEPARTMENT
ADULT ATHLETIC ROSTER FORM - SOFTBALL – FALL 2019**

League Night & Division	Team Name
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Managers Signature	Date
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Waiver: By signing this form, the manager verifies the following:

- The team is responsible for its own insurance.
- Each player on the team agrees to abide by the rules and regulations as set forth by the City of Coon Rapids. Coon Rapids Parks & Recreation will have ultimate decision making authority on any matters that might arise concerning any one of the leagues. Failure to abide by any rules and regulations can jeopardize the team's participation in the league.
- I, the manager, do hereby agree to allow the players named herein to participate in the aforementioned league and I further agree to indemnify and hold the City harmless from and against any and all liability for any injury which may be suffered by the aforementioned player(s) rising out of, or in any way connected with, his/her participation in this league.
- **DATA PRIVACY ACT:** In accordance with the Minnesota Government Data practices Act, the Parks and Recreation Department hereby informs you that the personal information we are requesting of you is now considered private. Private data is available to you and the City staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the City's recreation staff may not be able to complete our registration.

Player's Name	Legal Address	City	Zip	Phone	Guardian Signature Church Only
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

LEGAL PLAYING ADDRESS
If a player lives in Coon Rapids, use the home address. If a player works in Coon Rapids, use the work address. For players outside of Coon Rapids, use the home address.