

SPRING LAKE PARK RECREATION DEPARTMENT
1301 - 81ST Ave. NE; Spring Lake Park, MN 55432
763-792-7201

YOUNG ADULT SOFTBALL LEAGUE TEAM ROSTER

2010 (Must Submit by May14th)

TEAM NAME: _____ LEAGUE: Young Adult

MANAGER'S NAME: _____ PHONE: H- _____ W- _____

ADDRESS: _____ CITY: _____ ZIP: _____

I hereby verify that each player appearing on this Roster qualifies under the eligibility rules and will be made fully aware of all rules, regulations and the penalties for violations outlined by the Spring Lake Park Parks and Recreation Department. Team Fee must be submitted with the completed Team Roster and Waiver Form.

MANAGER'S SIGNATURE: _____ DATE: _____

Managers EMAIL ADDRESS: _____

TEAM FEE: (\$500): circle one: CHECK # _____ CASH: _____

Receipt # (Office Use Only) _____

	PLAYER'S NAME Please Print or Type	HOME ADDRESS	CITY	ZIP	E-MAIL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

TEAM WAIVER/ELIGIBILITY/CONDUCT

2010

DATA PRIVACY ACT WARNING

In accordance with the Minnesota Government Data Practices Act. The recreation staff of the City of Spring Lake Park hereby informs you that personal information requested of you and your players is considered private. Although, for team identification purposes, the managers name and phone number will appear on schedules. Private data is available to 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 no be able to complete your registration and/or you may not receive updated program information, such as schedule changes, revisions, and standings.

The below signed team participants, in consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the agency providing the activity and its representatives, successors and assigns for any and all injuries suffered by myself at the activity sponsored by these groups. I also acknowledge that I have read the Data Privacy Warning as stated above and have completed this form with this knowledge.

I have read and understand the player Eligibility/Conduct/Forfeit fees requirements described previously in this packet for the participation in the Spring Lake Park Young Adult Softball League.

Every Player must sign below before participating. (Must submit with Team Roster and Team Fee)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

TEAM NAME

Manger’s Signature

Young Adult League
(Ages 19 – 24)

Date