



2018 Cabot Parks and Recreation
Adult Softball Registration Roster/Sign-up Sheet

Division: (Please Circle) Men's COED Church

Team Name: _____

Contact Information:

Coach: _____ Address: _____

Phone #: _____ Work #: _____

Email: _____

Player's Name: Signature: D.O.B.

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Cabot Parks and Recreation Liability Release
I hereby release and forever discharge the Cabot Parks and Recreation, the City of Cabot, and their employees from all claims, causes of action, or liability, which may exist at any time in the future, arising out of or pertaining to any injury, loss, damage, or harm of any kind which has, or will occur while participating in this program.
I hereby grant CPR specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken during the program, for use by Cabot Parks and Recreation. _____ (initials)

Signature: _____ Date: _____

Fee \$: _____ Cash Credit Card Check# _____ Receipt #: _____ .002

Received by: _____