

West Fargo Park District Wiffle Ball Roster

Division: _____

*CAPTAINS: I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE CONDUCT OF ALL INDIVIDUALS ON THIS ROSTER CONNECTED WITH THIS TEAM IN THE WEST FARGO PARK DISTRICT LEAGUE OR TOURNAMENT.

Captain's Name: _____ Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

WAVIER: THE UNDERSIGNED PARTICIPANTS in consideration for the West Fargo Park District providing facilities, equipment and supervision in this activity for which he/she has registered does hereby:

- 1) Assume all risks and responsibility of possible damage of injury involved through participation in this program. I understand I am responsible for my own insurance in case of an injury.
- 2) I certify that I am in good health and capable of participation in this activity.
- 3) I am agree to indemnify and hold harmless the West Fargo Park District from liability resulting from my participation in this program.
- 4) I understand that all players signed below are 16 years or older for West Fargo Park District Adult Programs.

<u>NAME</u>	<u>PHONE</u>	<u>*EMAIL</u>	<u>SIGNATURE</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____

***EMAILS WILL BE USED TO CONTACT PARTICIPANTS FOR FUTURE LEAGUES.
PLEASE TURN ROSTER IN TO BALL COORDINATOR BEFORE FIRST GAME!**

