



PLYMOUTH RECREATION DEPARTMENT
11 LINCOLN STREET
PLYMOUTH, MA 02360
508-747-1620 x137

Plymouth Coed Softball League _____
TEAM ROSTER & WAIVER AGREEMENT

Name of Team/Sponsor _____

Manager Name _____ **Phone** _____

Mailing Address _____

Email _____

Asst. Manager _____ **Phone** _____

Mailing Address _____

Email _____

Rec'd by _____ Date _____

The team manager and assistant manager have a copy of the rules and regulations of the Recreational Coed Summer Softball League, and agree to abide by them. Infringement of these rules and regulations could be subject to expulsion from league.

Manager Signature

Assistant Manager Signature

MAX 20 PLAYERS PER ROSTER

I, the undersigned, will not hold the Town of Plymouth or any of its employees, volunteers, or Recreation Director, liable in the event of a mishap, personal injury, damage or loss of property during the above listed activity. With my signature, I understand and agree to follow the rules and regulations put forth for this program.

PLEASE PRINT CLEARLY

1. _____
Player's Name _____ Home Phone / Cell Phone _____
Address _____
Street _____ Town _____ Zip _____
Email _____
Signature _____

2. _____
Player's Name _____ Home Phone / Cell Phone _____
Address _____
Street _____ Town _____ Zip _____
Email _____
Signature _____

3. _____
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Address _____
Street _____ Town _____ Zip _____
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Signature _____

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Address _____
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18. _____
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Address _____
Street _____ Town _____ Zip _____
Email _____
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19. _____
Player's Name _____ Home Phone / Cell Phone _____
Address _____
Street _____ Town _____ Zip _____
Email _____
Signature _____

20. _____
Player's Name _____ Home Phone / Cell Phone _____
Address _____
Street _____ Town _____ Zip _____
Email _____
Signature _____