2017 JOHNSON CITY PARKS & RECREATION 2017

ADULT SOFTBALL ROSTER

PLEASE READ BEFORE SIGNING:
This is the only official roster for Adult Softball league play. No other roster will be accepted. The players listed below are active upon signing; and hereby Release the City of Johnson City, Parks & Recreation, and all persons involved with this program from any and all responsibility of any injury(s) that they may sustain while participating (practice/play).
It is recommended that players be listed alphabetically.

TEAM NAME:_____ DIVISION:_____

Print Name Here	Player's Signature	Complete Mailing Address	Home Phone

UPON SIGNING; I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS CORRECT

CHURCH LEAGUE: Pastor Of Sponsoring Church:_____
Church Address:_____ ____City/Zip:_____
Church Phone:_____ Home Phone:_____
I hereby certify that the players listed above meet the eligibility requirements as set by the Church Athletic Board/ JC Parks & Recreation. _____
Pastor of Sponsoring Church Date

INDUSTRIAL LEAGUE: Personnel Director:_____
Company Address:_____ City/Zip:_____
Company Phone:_____ Home Phone:_____
I hereby certify that the players listed above meet the eligibility requirements as set by ASA/JC Parks & Recreation (Full-time prior to April 15, 2017). _____
Personnel Director Date

Coach:_____ Address:_____
City:_____ State:_____ Zip:_____
H Phone:_____ W Phone:_____ Cell:_____
Email:_____
Asst. Coach:_____ Address:_____
City:_____ State:_____ Zip:_____
H Phone:_____ W Phone:_____ Cell:_____
Email:_____

Remember: All players listed on this roster must print and sign their name before being eligible to participate.

Received By:_____ Date:_____

2014 JOHNSON CITY PARKS & RECREATION 2014

FALL ADULT KICKBALL ROSTER

PLEASE READ BEFORE SIGNING:
This is the only official roster for Kickball league play. No other roster will be accepted. The players listed below are active upon signing; and hereby Release the City of Johnson City, Parks & Recreation, and all persons involved with this program from any and all responsibility of any injury(s) that they may sustain while participating (practice/play). Players must be listed alphabetically.

TEAM NAME:_____ DIVISION:_____

Print Name Here	Player's Signature	Complete Mailing Address	Home Phone

UPON SIGNING; I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS CORRECT

CHURCH LEAGUE: Pastor Of Sponsoring Church:_____
Church Address:_____ ____City/Zip:_____
Church Phone:_____ Home Phone:_____
I hereby certify that the players listed above meet the eligibility requirements as set by the Church Athletic Board/ JC Parks & Recreation. _____
Pastor of Sponsoring Church Date

INDUSTRIAL LEAGUE: Personnel Director:_____
Company Address:_____ City/Zip:_____
Company Phone:_____ Home Phone:_____
I hereby certify that the players listed above meet the eligibility requirements as set by ASA/JC Parks & Recreation (Full-time prior to April 15, 2010). _____
Personnel Director Date

Coach:_____ Address:_____
City:_____ State:_____ Zip:_____
H Phone:_____ W Phone:_____ Cell:_____
Email:_____
Asst. Coach:_____ Address:_____
City:_____ State:_____ Zip:_____
H Phone:_____ W Phone:_____ Cell:_____
Email:_____

Remember: All players listed on this roster must print and sign their name before being eligible to participate. Player/Coaches must be listed as both on this roster.

Received By:_____ Date:_____