



Valley Softball League

OFFICIAL TEAM ROSTER

Team Name/ Club Association:	Managers Name:
E-mail:	Phone #:

Please Circle the appropriate age division and classification – Age as of January 1, 2019

8U 10U 12U 14U

Player Name	Number	Date Of Birth

We the above signed and the undersigned, hereby state that the players listed on this roster are voluntary participants in the above stated League/ Tournament. This application to participate in said event, I do hereby release and forever discharge the Valley Baseball Tournament (VBT), Top Prospect Athletics (TPA), Encino Franklin Fields (EFF), and their representatives from any and all liabilities, claims, actions and possible causes of action whatsoever that may accrue to me or to my heirs from every and any loss or damage and injury including death, that may be sustained by my person or property while in , at, or on route into and away from said event. And whereas, the above signed and undersigned is aware of the dangerous nature of his undertaking as it relates to loss of life and or limb. Therefore, it is agreed as follows: that in consideration of being allowed to participate in said event, the undersigned hereby voluntarily assumes all risks from accident or damage to person or property and hereby releases the VBT, EFF and TPA from every claim, liability or demand of any kind for or on account of any personal injury or damage of any kind sustained or caused by negligence of VBT or TPA, it sponsors otherwise.

Authorized Signature: _____ Date: _____