

LEAGUE SOFTBALL ROSTER



OFFICE USE ONLY:

Fee Paid: _____

Date: _____

Season: _____

Team Name: _____

Classification: _____

Manager: _____

Cell Phone: _____

Mailing Address: _____

Email: _____

DOB: _____

Cardholder Name: _____

Credit Card #: _____

CC Exp. Date: _____

Cardholder Signature: _____

Credit card receipts will reflect payment to KPS4Parents. If paying by check or money order, please make it payable to "KPS4Parents" and indicate "ZN League" on the memo line.

EACH PARTICIPANT MUST COMPLETE AND SIGN THIS TEAM ROSTER INDICATING HE/SHE/THEY AGREES TO THIS HOLD HARMLESS AGREEMENT:

HOLD HARMLESS: I am informed and understand that participating in the Sports Program ("Program") involves athletic activities that can result in personal injury or accidental death. By participating, I certify my voluntary assumption of these risks. In consideration of being allowed to participate in the Program, I release and discharge the City of San Buenaventura, ZN League, KPS4Parents, Inc., and any and all of their appointed officials, agents, employees, volunteers, or assigns (collectively, "Program Providers") from all liability to me for any loss or damage, and for any claim or demand because of my injury or accidental death, whether caused by Program Provider negligence or otherwise. I will indemnify and hold Program Participants harmless from and against all claims arising from my participation in the Program. I will pay all costs incident to any claim, including, without limitation, attorney's fees and costs. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be broad and inclusive as is permitted by the law of the State of California and that if any portion is held invalid, it is agreed that the balance will continue in full legal force and effect. I have read and voluntarily sign the release and waiver of liability and indemnity agreement, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Team Member Name	Phone	Mailing Address
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15		

Complete this form, keeping a copy for your team records. Mail completed copy to ZN League, C/O KPS4Parents, Inc., 2390-C Las Posas Rd., #482, Camarillo, CA 93010
 Please direct all inquiries to 805-290-7027 or ZNLeague@kps4parents.org



A portion of all proceeds will fund nonprofit programs that benefit learners of all ages and abilities, their families, and their communities, through KPS4Parents, Inc., a 501(c)(3) nonprofit organization, tax ID 65-1195513. Your fee payment counts as a charitable contribution to KPS4Parents; consult with your tax advisor about deducting this contribution.