



# CERES YOUTH BASEBALL & SOFTBALL OFFICIAL ADULT SOFTBALL ROSTER

TEAM NAME \_\_\_\_\_ CLASS I.D # \_\_\_\_\_  
 LEAGUE/NIGHT/DIVISION \_\_\_\_\_  
 DATE \_\_\_\_\_ 20 \_\_\_\_\_

(Please print information)

	NAME	ADDRESS	CITY	ZIP
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### ROSTER AND CODE OF CONDUCT ACKNOWLEDGEMENT

I, manager of \_\_\_\_\_, certify that the information on this official roster is correct, and I have read and informed my team players of the Ceres Youth Baseball & Softball Code of Conduct.

I, the undersigned, understand that there will be no refunds unless CYB cancels the program.

As a participant, I am aware certain risks are inherent in the above activity. Nevertheless, to gain CYB's permission to participate, it is my intention by signing this document to relieve CYB, its management and employees from liability, and save them harm from any claims I may have for personal injury, property damage, or wrongful death caused by their negligence. I agree to allow use of my photograph or other recordings by CYB for any purpose without obligation or liability to me.

I have read and understood the registration and program policies and enter into this agreement of my own free will.

Manager's Signature \_\_\_\_\_

Manager's Name \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Day Phone Number ( ) \_\_\_\_\_ Evening Number ( ) \_\_\_\_\_

Assistant Manager's Name \_\_\_\_\_ Email \_\_\_\_\_

Day Phone Number ( ) \_\_\_\_\_ Evening Number ( ) \_\_\_\_\_

**PAY BY PAYPAL OR CHECK**

IF BY CHECK, MAKE PAYABLE TO:  
CYB

IF BY PAYPAL,

[https://paypal.me/CeresYouthBaseball?locale.x=en\\_US](https://paypal.me/CeresYouthBaseball?locale.x=en_US)

**ROSTER INFORMATION MUST BE COMPLETED ON BOTH SIDES**

**EACH PLAYER INDIVIDUALLY,  
MUST SIGN & DATE THE ASSUMPTION OF RISK & RELEASE OF LIABILITY FOR INJURY OR DEATH.**

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY FOR INJURY OR DEATH**

I understand that the sport and sport-related activities offered by Ceres Youth Baseball & Softball involve certain risks including, but not limited to, risks from body contact, falls and collisions, physical confrontation with fellow players and carelessness and negligence of fellow players, bystanders and CYB employees and volunteers. I further understand that in order to gain CYB's permission to participate in the sport, for which I have registered, I must assume such risks for myself.

I am fully aware that by signing this document I am shifting the legal liability for any such risks, including the negligence of CYB, its management or employees, to myself so that I may participate in the sport I have chosen. I agree to hold them harmless from liability for my personal injury, property damage, or wrongful death caused by negligence, whether such losses occur during my participation in the sport, or during post-injury care.

I further acknowledge that I am familiar with the rules and regulations to be followed to use in the sport for which I have registered and, in particular, the rules and regulations relating to player conduct and agree to abide by those rules and regulations.

I also grant full permission to CYB, its employees, agents or assignees to use my name, photographs, video tapes or recording of the sporting event for which I am registered for any purpose without obligation or liability to me.

I acknowledge that I have read and understood all of the above.

**EACH PLAYER, INDIVIDUALLY MUST SIGN AND DATE THE  
“ASSUMPTION OF RISK AND RELEASE OF LIABILITY FOR INJURY OR DEATH” BELOW**

	<b>SIGNATURE OF PLAYER</b>	<b>DATE</b>	<b>LAST TEAM PLAYED FOR</b>	<b>YEAR</b>	<b>DIVISION</b>
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**ANY TEAM FALSIFYING “RELEASE OF LIABILITY” SIGNATURES WILL BE DROPPED FROM THE LEAGUE AND WILL FORFEIT ENTIRE LEAGUE ENTRY FEE.**