PIONEER SOFTBALL ASSOCIATION

RELEASE FORM OFFICIAL TEAM ROSTER		DATE			
LEAGUE NIGHT					1
CAPTAIN'S NAME (PRINT)		2 ND CONTACT NAME (PRINT)			
CAPTAIN'S SIGNATURE		2 ND CONTACT SIGNATURE			
PRIMARY #		PRIMARY #			
SECONDARY #		SECONDARY#			
HOME ADDRESS		HOME ADDRESS			
CITY & ZIP		CITY & ZIP			
EMAIL		EMAIL			
I HEREBY AGREE TO PLAY SOFTBALL I					
AS A CONSIDERATION FOR BEING PERSUSING EQUIPMENT OF PROPERTY OF SASSUME ALL LIABILITY FOR INJURY AFURTHER AGREES TO HOLD PIONEER FOR COMMISSION OR NEGLICIAN OF SECTION OF SECTI	SAID ORGANIZATION OR DAMAGE R BOWL, INC., FREE	ON, EACH SUCH I ESULTING FROM AND HARMLESS	PARTICIPA I SUCH PA ON ANY A	NT AND USER A RTICIPATION O CCOUNT OF AN	AGREES TO OR USE AND NY ACT OF
PLAYER'S NAME (PRINT)		SIGNATURE	AGE	CITY / TOW	N / VILLAGE
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