

Kensington Valley Senior Softball League

2025 ADULT SOFTBALL 55+ TEAM ROSTER



LEAGUE: (Circle one) Tue Morning 55+

Division: (Circle one)

A	B
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TEAM NAME: _____

MANAGER:	ADDRESS and CITY:	ZIP	HOME PHONE
Email Address:			WORK PHONE

PLEASE PRINT LEGIBLY. ALL PLAYERS MUST TURN 55 YEARS OLD DURING THE CALENDAR YEAR OF 2021. NOTE: PLAYING MANAGERS MUST BE INCLUDED ON ROSTER BELOW.

	LAST NAME	FIRST NAME	ADDRESS and CITY	ZIP	BIRTHDATE	PHONE	EMAIL ADDRESS
1	MANAGER				//		
2	ASSISTANT	MANAGER			//		
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ROSTERS WITH PLAYER'S PRINTED NAME, SIGNATURE AND DATE ON BACK SIDE MUST BE TURNED IN PRIOR TO THE START OF THE TEAM'S FIRST GAME. PLAYERS MAY BE ADDED THRU-OUT THE REGULAR SEASON BY SIGNING/COMPLETING ROSTER WITH THE LEAGUE SUPERVISOR.

League Director Signature: _____

Release of Liability - Both sides of this form must be FULLY completed!!

Team Name _____ **League** _____ **Field Owners-City of Novi**

WAIVER OF LIABILITY In consideration of being permitted to participate in the adult softball program conducted by the City of Novi, Releasors, for themselves, their legal representatives, heirs, and assigns, hereby release, waive, and discharge the City of Novi, its officers, agents, and employees, and all sponsors, coordination groups, volunteers, and individuals associated with the activity, from all liability to the Releasors, their legal representatives, heirs, and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Releasors' persons, including death at any time resulting therefrom, or damage to property, including loss of use thereof, arising out of participation in the above described activity.

The City of Novi reserves the right to eject and/or suspend participants who: (1) use illegal bats or metal spikes (2) throw bats or equipment, (3) mistreat officials or supervisors, (4) fake tag or crash into other players, (5) use profane language, (6) abuse equipment or facilities, (7) take any other actions determined to be inappropriate or unsafe by City of Novi staff. All participants must be 18 years old or older. **Health of participant.** I verify that I am in good physical condition and do/does not have any signs or symptoms of illness of any kind that would either affect my or my child's ability to participate in the listed activity or would lead to the transmission of a disease or infection to others.

USA Softball - Player Waiver/Release of Liability and Indemnification Agreement (For Multiple Field Owner's Use)

I, the undersigned player, acknowledge, agree and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above. 2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3) I understand that sliding into bases is dangerous to me and to other players and may result in serious injury or death. 4) I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the field arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and league designated above, the field owners or other entity designated above, the USA Softball, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or USA Softball for any claim, damages, casts or cause or action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. **I acknowledge that I have read and that I understand each and every one of the above provisions in this waiver, release of liability and indemnification agreement and agree to abide by them.**

PRINT		PLAYER'S SIGNATURE	DATE	Necessary ONLY if releasing player
LAST NAME	FIRST NAME			MANAGER'S SIGNATURE/DATE
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As manager of the team and players listed above and on the opposite side, I have this _____ day of _____, 20 __, duly registered these players and have informed them of the rules and regulations of the program. I understand that misrepresentation of any of the above information will be cause for the penalty as described in the league rules and regulations.

Manager's Signature _____ **Date** _____

ALL PARTICIPANTS SHOULD BE PREPARED FOR PLAYER IDENTIFICATION CHECKS THROUGHOUT THE SEASON. ALL PLAYERS SHOULD HAVE THEIR DRIVER'S LICENSE IN THEIR POSSESSION AT ALL TIMES. FAILURE TO PROVIDE A CURRENT VALID MICHIGAN DRIVER'S LICENSE (WITH PHOTO) OR A STATE OF MICHIGAN PICTURE ID, MAY RESULT IN FORFEITURE OF A GAME AND FURTHER SUSPENSION.