

CENTRAL CONNECTICUT FALL BASEBALL (CCFBL) TEAM ROSTER

Team Name:		Head Coach Name:	
		Home Phone:	
Team Affiliation:		Cell Phone:	
		Work Phone:	
Age/Division:		E-Mail:	

Player Name (Print)	Player Address	Player Birth Date	Player Age	Parent/Guardian Name (Print)	Parent/Guardian Signature Indicating Acceptance of Playing Terms Printed Below
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

CCFBL Playing Terms:

- 1. I/We, the parents/guardians of the above-named player, hereby give my/our approval to participate in any and all CCFBL Fall Ball activities.**
- 2. I/We, the parents/guardians of the above-named player, know that participation in baseball games & practices may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless CCFBL, the local league/organization sponsoring or operating the team, the coaches, managers, umpires, administrators, organizers, sponsors, supervisors, ballpark owners & caretakers, and participants from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.**