



Atoka Parks & Recreation

Adult Softball Roster

Please Print

Team Name _____

Captain _____ Signature _____ Date _____

Co-Captain _____ Signature _____ Date _____

Player _____ Signature _____ Date _____

Player _____ Signature _____ Date _____

Player _____ Signature _____ Date _____

Player _____ Signature _____ Date _____

Player _____ Signature _____ Date _____

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Player _____ Signature _____ Date _____

Player _____ Signature _____ Date _____

My signature acknowledges I am at least 17 years old. I understand medical insurance is not provided with Atoka Parks & Recreation (APR) programs. I release APR from any and all liability whatsoever resulting from participation in APR activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the Town of Atoka and APR, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by myself, or my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a 10% administrative fee accessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end on the activities at which time, if not claimed, will be disposed of. I understand returned checks will be accessed a \$20 processing fee. I understand that photographs of all APR activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission.

I acknowledge all information and waivers contained herein.