

Town & Country League Annual Tournament Official Team Roster

Please Type or Hand Print in Ink

Softball

Team Name: _____ Division (age): _____
 League: _____ Mail Address: _____
 League President: _____ Phone #: _____
 Head Coach: _____ Phone #: _____
 Asst. Coach: _____ Phone #: _____

	Player Name	League Age (as of 12/31)	Birthday M/D/YR	Home Address	City	League Played in
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						

"I hereby verify that the players listed above have participated in at least half of a team's regular season games within our league."

x _____

by League President

"I have verified the birthdates of the players listed above and have found them to be within the age group indicated above."

x _____

by Tournament Director

District Tournament Director: Verify ages w/ initials at right. Upon completion of tournament, mail to:

Town & Country Youth League - P.O. Box 75 - Delphi, IN 49623

Statement of Non-liability: All teams, individuals & coaches participating in the tournament & all spectators and fans who choose to attend are doing so voluntarily & at their own risk. Each team is responsible for & must have its own liability insurance in order to participate. The Town & Country League, League Directors, host sites & host site officials shall be held harmless for any liability from any personal injury, illness or any other incident or accident, as well as any physical or property damage of any kind incurred from attending, participating in or in transit to the tournament.

The above information has been examined by me, as coach and is correct & agreed to as completed.

Date: _____ Signed - Coach x _____