



City of Oxnard Recreation & Community Services  
ADULT SOFTBALL 2025 ROSTER

TEAM NAME:

DIVISION (PLEASE CIRCLE ONE BELOW):

Monday: Coed Rookie

Monday: Mens Rookie

Wednesday: Mens Amateur

Wednesday: Mens Rookie

Thursday: Mens Amateur

Thursday: Mens Elite

Friday: Coed Rookie

Friday: Coed Amateur

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in Adult Softball League and related activities. I, for successor, my heir, assigns, executors, administrators; and myself:

- 1 Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area.
- 2 Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions.
- 3 Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death and damage to my property, caused by or arising from my participation in this event or activity.
- 4 Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against Recreation Services ("Permittee/Sponsor"), the City of Oxnard, California, agents attributable to my participation in the event or activity.
- 5 Release, waive, discharge and relinquish Recreation Services ("Permittee/Sponsor"), the City of Oxnard, California, officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise.
- 6 Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from the City of Oxnard, California, Permittee/Sponsor and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose.
- 7 Warrant that I am in good health and have no physical condition that would prevent me from participation in these event.
- 8 Acknowledge that the City of Oxnard, California and Permittee/Sponsor are not joint sponsors, joint ventures, partners, or otherwise jointly engaged in the above-named event or activity.

HEAD COACH NAME:

ASSISTANT COACH NAME:

PHONE:

PHONE:

EMAIL:

EMAIL:

SIGNATURE:

DATE:

SIGNATURE:

DATE:

PLEASE MAKE SURE WRITING IS ELIGIBLE

1	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:
	SIGNATURE:		ADDRESS:	
2	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:
	SIGNATURE:		ADDRESS:	
3	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:
	SIGNATURE:		ADDRESS:	
4	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:
	SIGNATURE:		ADDRESS:	
5	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:

5	SIGNATURE:		ADDRESS:	
6	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:
	SIGNATURE:		ADDRESS:	
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	SIGNATURE:		ADDRESS:	
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14	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:
	SIGNATURE:		ADDRESS:	
15	FIRST & LAST NAME:	SHIRT SIZE	PHONE NUMBER :	BIRTH DATE:
	SIGNATURE:		ADDRESS:	
OFFICE USE ONLY RECIEVED BY (NAME):		DATE:      PAYMENT / ONLINE REGISTRATION PROCESSED (CIRCLE ONE): YES / NO		