

**SEPT 3<sup>RD</sup> & SEPT 4<sup>TH</sup> AIDEN THE FIGHT FOR LIFE  
ADULT CO-ED SOFTBALL TOURNAMENT  
DIVISION: CO-ED    LEVEL: RECREATIONAL**

**TEAM INFORMATION:**    (PLEASE PRINT)

**TEAM NAME:** \_\_\_\_\_

**MANAGER'S NAME:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

**ADDRESS/CITY/ZIP:** \_\_\_\_\_

**PHONE** (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_

**ROSTER:**    **E-MAIL:** \_\_\_\_\_

We, the undersigned individuals, understand that the Aiden Fight for Life provides no insurance coverage for medical costs and other damages arising out of any participation in this program. Any insurance coverage will be that furnished by the undersigned individual participant, and we are waiving and releasing all claims for injuries that might be sustained during participation in the program(s). We release the instructors, supervisors, owners, and members from any claims of injury or damage.

**Registration fee \$100/team (10 player min). Each team must have at least 2 female players.**

<b><u>PRINTED NAME</u></b>	<b><u>ADDRESS/PHONE</u></b>	<b><u>SIGNATURE</u></b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**\*\*\* NOTE: NO PERSON SHALL PARTICIPATE UNLESS THEY HAVE SIGNED THIS ROSTER**

**MY SIGNATURE ON THIS ROSTER BINDS ME TO THIS TEAM. I HAVE RECEIVED A COPY OF THE POLICIES AND RULES, AND AGREE TO ABIDE BY ALL RULES GOVERNING THIS TOURNAMENT.**

**PLEASE MAKE CHECKS PAYABLE TO: AIDEN THE FIGHT FOR LIFE**

**MAIL TO: AIDEN THE FIGHT FOR LIFE, P.O. BOX 252, WINNEBAGO, IL 61088    OR  
DROP OFF: WINN PARK DISTRICT, 502 N. ELIDA, SUITE 6, WINNEBAGO, ILLINOIS 61088**

**If returning to Winn Park Dist, please place in sealed envelope marked "Labor Day Softball"**