

**CITY OF FOSTER CITY
ADULT SOFTBALL LEAGUE ROSTER & WAIVER
ADD/DROP FORM**

TEAM NAME: _____

DROP

1	PLAYER NAME
2	
3	
4	
5	

ADD

	NAME	SIGNATURE	ADDRESS	CITY	ZIP	HOME PHONE	WORK PHONE	AGE
1								
2								
3								
4								
5								

READ AND COMPLETE BOTH SIDES OF THE WAIVER

A player signing his/her name on this softball roster form acknowledges that they have read and understand all of the provisions of the waiver and release form on the reverse side of this form