

# 2026 SUNSET HILLS SOFTBALL LEAGUE

**\*\* All information requested below is required in order to play\*\***

TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_  
(Coed or Men's)

TEAM CAPTAIN \_\_\_\_\_ SESSION/NIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

## ROSTER

	NAME	SIGNATURE	PHONE	E-MAIL
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**INFORMED CONSENT FORM:** By signing above, I verify that I am in good physical condition and I also understand that this sport may be dangerous and may cause minor or serious injury. I will hold the City of Sunset Hills Employees, Volunteers, and Sponsors harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury I may receive while participating in said program. I understand that if I am suspended from the program for behavioral or conduct reasons, I am not entitled to a refund. Furthermore, I have read and understand the information provided in the rules & regulations.