

Fall 2025  
Henderson County Parks and Recreation  
Adult Softball Roster  
www.hendersoncountync.gov/recreation

Team Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Please Check one: ☐ OPEN

☐ CO-ED

Player Name (Print)	DOB	Address	Player Signature	Phone #
1				
2				
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By signing this roster, I hereby acknowledge that I have read and understand the rules and regulations set forth by the Henderson County Parks and Recreation Department and adopted by the team representative for this league. I understand that these rules and regulations are designed to help ensure that this league will provide a wholesome recreational experience for myself and others participating in this league. I agree to abide by these rules and regulations for the duration of this program.

**Hold Harmless Statement:** Also, by signing the roster, I acknowledge that I am voluntarily participating in this sport, and assume all liability and risk associated with injury resulting from playing this sport, and further hold harmless Henderson County Parks and Recreation Department and its agents for any claims of personal injury or property damage arising out of or related to said participation.

**Representatives Statement:** I understand that I am responsible for the actions of the members of this team, and will do my best to provide the appropriate leadership required by Henderson County Parks and Recreation Department.

Signature of Team Representative \_\_\_\_\_ Date \_\_\_\_\_