

Summer

 Fall

Year: _____



Manager/Coach must submit this roster classification to Port Huron Rec. Dept.
All rosters must be signed by the League Director
Any added players must appear on this roster and be verified by the League Director
All players must carry legal picture ID to every game
If a manager is a player, his/her name must appear on the roster

**Port Huron Competitive
Sports Association**

NAME	BIRTH DATE	CITY OF RESIDENCE	TEAM LAST YEAR	FOR OFFICE USE ONLY GOLD CARD #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

As manager of the above listed team, I will abide by PHCSA/Port Huron Recreation Department Bylaws on governing rules of softball. As manager, I will attend or send a representative to all meetings. All players will have a valid gold contract card with PHCSA for this team on file in accordance with PHCSA bylaws. Failure to have a valid gold contract card with this team will result in forfeit and suspension of both player and manager for one year.

Our team will (circle one) ACCEPT or DECLINE to purchase ASA Team insurance for Accident/Liability for our team. All players are playing at their risk of injury or death.

Manager Name _____ **Signature** _____ **Date** _____

Address _____ **ZIP** _____ **Phone: Day** _____ **Evening** _____

Team Name _____ **League** _____ **E-mail address** _____

Please check appropriate boxes:
 Modified
 Women's - Slow Pitch
 Co-Ed Program Sunday
 Slow Pitch - Men
 Men.s - Fast Pitch

League Director's Initials: _____