



Delaware County Church Softball Association

2009 Monthly Roster

(Due before the first game of each month)

(Circle ONE on each line below)

Church _____

Men Women CoEd

Division _____

Month: **May** **June** **July** **August**

	Player Name	Player Signature
1		
2		
3		
4		
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24		

***** By signing above each Player acknowledges the potential burden of injury, and release, waive, discharge and covenant NOT to sue the DCCSA League and/or Executive Board Members. Minors MUST have a Guardian signature to participate.**

I (the Pastor or officer of the Church) affirm by signing below the last entry above, that the players listed have met the DCCSA attendance requirements for eligibility. Date:

***** Note:** You must submit a SIGNED monthly roster for each Church that is represented on your team.