# City of St Pete Beach Co-Ed Softball Roster:

Team Name: _____ Team Captain: _____

Captain Contact Number: _____ Team Color: _____

*By signing the below roster form, I acknowledge that I have read all of the City of St Pete Beach Rules and Regulations and here by agree to follow all the rules. I also understand that all final decisions made during games will be made league officials and league coordinators. Any rules that may be broken will have disciplinary actions relevant to the infraction made. Final decisions on punishments will come straight from the league coordinator. All rosters must be turned in a week prior to teams first game.

| Player Name | Date of Birth | Signature |
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