C.M.G.F.L. 2020 Fall Ball Team Roster - Due August 20, 2021 TO: P.O. Box 380176, Clinton Township, MI 48038-0061

- ~ You can roster a maximum of 15 players.
- ~ Team Fees are as follows:
 - All divisions except 8&U \$ 650 per team, plus umpire fees. Umpire fees will be paid by each team for each home game (6 * \$ 40 = \$ 240)
 - Coach Pitch (8 & U) \$ 500 per team.
- ~ Team fees include shirts, socks, game balls, diamond usage and player insurance.
- ~ If a player did not participate in our Spring/Summer season, they must fill out a 202 1Fall Ball registration form in addition to this roster.
- ~ Managers please make one check payable to CMGFL.
- The league will try to accommodate for soccer and other sports as much as possible.
 Division age limits are determined by age as of January 1st, 2021.

Please circle age division:	Coach Pitch (8&U)	35' Division (10&U)	
	40' Division (13&U) 43' Division (18&U)	43' Division (14&U)	
flanager's Name (Please Print):	Team Nan	ne:	
lanager's Phone:	Email:		
Player Name (Please Print)	Parent Signature (* See Note	Below) Phone Number	Shirt Size (YS-AXXL)
1)	_		
2)			
3)			
4)			
5)			
6)			
7)			
8)			
10)			
11)			
	_		
13)			
14)			
15)			
articipation in any and all softball activities during the fall season ereby waive, release, absolve, indemnify and agree to hold harn	 I assme all risk and hazards incidental to such partici- nless the Clinton Valley Girls' Softball League, DBA clin norting my daughter to and from activities, for any claims wnship Parks & Recreation and the Clinton Township P the fall season. 	nton-Macomb Girls' Fastpitch League, hereby give my approval to pation, including transportation risks to and from activities, and I ton-Macomb Girls' Fastpitch League, the organization, officers a arising out of an injury to my daughter. I also agree to hold har arks & Recreation liable for any claims out of an injury to my Received by: Check #:	nd it's

Send to: CMGFL

PO Box 380176 Clinton Township, MI 48038-0061