

RMSA

Rome Men's Softball Association OFFICIAL TEAM ROSTER

TEAM NAME: Black River Ale House SEASON: 2011

TEAM CAPTAIN: Stephen McGowan

address: 6798 O'Brien Rd.

city, state, zip: Rome, NY. 13440

phone: 315 663 6581

email: smcgowan@twany.ny.com

Please print name, address and phone legibly or your roster entry will not be valid.

	NAME	MAILING ADDRESS	PHONE #
1	Stephen McGowan	6798 O'BRIEN RD WESTMORELAND	(315) 663-6581
2	Joe Brawdy	113 GRIFFISS DR. Rome	(315) 292-3140
3	Art Pope	7279 RICKMEYER RD Rome	(315) 404-8661
4	Chris Pope	306 M'CRAC ST Rome	(315) 404-1965
5	Carlo Sabia	749 W. THOMAS ST Rome	(315) 525-1289
6	Tom Dombrowski	157 S. JAMES ST Rome	(315) 335-4032
7	Bob Menter	220 RIVER RD. Rome	(315) 335-3674
8	Tim Stegler	132 FAIRBANKS RD. Rome	(315) 533-6664
9	Joe Cieslak	1816 PARK AVE. SYLVAN BENGT	(315) 404-5824
10	Nathan Augliano	6936 ANTHONY ST. Rome.	(315) 404-2963
11	Dave Kirkpatrick		
12	Pat Farmer	1364 S. JAMES ST. Rome	(315) 725-1959
13	Mike Badalato		(315) 725-1891
14	EJ SELLMAN	1736 FISH CREEK RD WEST LYDEN	(315) 571-4002
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Player Waiver, Release of Liability And Indemnification Agreement Roster

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF PLAYER (Print)	STREET ADDRESS	CITY, STATE, ZIP CODE	SIGNATURE OF PLAYER	DATE
Stephen McCann	6798 Oberon Rd.	Rome, NY 13946		3/28/11
Art Pape	2279 Rickover Rd	Rome NY 12440		3/28/11
Chris Pape	306 Monroe St	Rome, NY 13946	Chris Pape	3/28/11
DAVE KIRKPATRICK	976 STEUBEN HILL RD	HERKIMER, NY 13360		3-29-11
Joe Cieslak	1816 Park Ave	13857 Sylvan Beach, NY	J. Cieslak	3/29/11
NATE AUGLIANO	6936 ANTHONY ST	ROME NY 13946	N. C. G. S.	4/8/11
JOE BRADY	113 BRITISS DR	Rome NY		4/18/11
CANIO SABIA	749 W. THOMAS	Rome NY	CANIO SABIA	4/18/11
ET SEELMAN	1736 FISH CREEK RD	WILCOX NY		4/19/11
TIM STENGLINE	132 FAIRBANKS RD	ROME NY		4/19/11
PAT FARMER	173 CHATEAU ST.	Rome, NY	PAT FARMER	4/20/11
TONY DEMBROWSKI	157 S. JAMES	Rome, NY	TONY DEMBROWSKI	4/18/11
MIKE BATALADO		Rome, NY	MIKE BATALADO	4/18/11
BOB MENTER	220 RIVER RD	Rome, NY	BOB MENTER	4/20/11

- I, the undersigned player, acknowledge, agree and understand that:
 - Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below
 - I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants.
 - I understand that sliding into a base is dangerous to me and to other players and may result in serious injury or death.
 - I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of team designated below and in consideration for permission to play on the fields arranged for by the team or league:

- I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during a practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
- I, release, discharge and agree not to sue the team and league designated below, the fieldowner or other entity designated below, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Name of Team

Name of League

Field Owner or Other

RMSA

Rome Men's Softball Association OFFICIAL TEAM ROSTER

TEAM NAME: BLACK RIVER ALC HOUSE SEASON: _____

TEAM CAPTAIN: STEVE MCGOWAN

address: _____

city, state, zip: ROME, NY

phone: _____

email: _____

Please print name, address and phone legibly or your roster entry will not be valid.

	NAME	MAILING ADDRESS	PHONE #
1	MEL TURNER	401 N LEVITT ST APT 14	371-5510
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