

SOFTBALL REGISTRATION FORM

TEAM NAME: _____

LAST YEAR: _____

MANAGER: _____

ADDITIONAL CONTACT: _____

ADDRESS: _____

ADDRESS: _____

ZIP

ZIP

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____ TEXT: yes__ no__

CELL PHONE: _____ TEXT: yes__ no__

WORK PHONE: _____

WORK PHONE: _____

E-MAIL: _____

E-MAIL: _____

FAX: _____

FAX: _____

BASE ENTRY FEE \$ 500.00

LATE FEE: ** \$ _____

** (A \$15.00 late fee will be charged on any registration turned in after entry deadline)

TOTAL AMOUNT DUE \$ _____

DPR USE: Receipt # _____ Paid \$ _____

Space is limited.

All fees must be paid at time of registration or team will not be accepted

LEAGUES --

SUNDAY ONLY

Spring (10) _____ (DH) Summer (10) _____ Fall (10) _____ (DH)

LEAGUE CLASSIFICATION: (Check one only)

OPEN _____

INDUSTRIAL _____

CHURCH _____

AFTERNOON LEAGUES AVAILABLE

Men's Recreational Wesselman # 1 _____

Men's Recreational West Side Nut Club _____

Co-Ed Recreational Wesselman # 2 _____

EVENING LEAGUES AVAILABLE

Men's Intermediate Wesselman # 1 _____

Men's Intermediate West Side Nut Club _____

Co-Ed Recreational Wesselman # 2 _____

(All leagues - 70' bases & 53' pitching distance)

Comments: The DPR requests that you make us aware of any scheduling conflicts with other teams and leagues.

MANAGER ACKNOWLEDGMENT

As team manager, I hereby acknowledge and understand, the DPR Sports Staff will make every effort to accommodate league competition levels, and special requests, but the DPR Sports Staff reserves the right to make changes in scheduling to accommodate as many teams as possible equally. Furthermore, I acknowledge and understand that teams withdrawing after league placement are subject to a 20% administration fee, and a pro-rated league charge. Once a team has completed 50% of their league schedule, no refund will be issued. I also acknowledge responsibility for team entry including any collection and attorneys fees associated with this team.

Manager Signature: _____

SOFTBALL PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND ROSTER FORM

I. The undersigned being at least eighteen (18) years of age (or being under the age of 18 but with the consent of a parent or guardian as acknowledged below) acknowledge, agree and understand that:

- 1.) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below.
- 2.) 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, field design, field maintenance, field condition, equipment or other participants.
- 3.) I understand that sliding into a base is dangerous to me and to other players and may result in serious injury or death.
- 4.) 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, falling, tripping, slipping, 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 the team designated below and in consideration for permission to play on the fields arranged for by the team, league, City of Evansville or the Department of Parks and Recreation, I agree as follows:

- 1.) I acknowledge that I have a duty to inspect the conditions of the field and areas surrounding prior to each game and throughout the game. If I begin any inning or part thereof, I waive any claim for any injury arising from a defective condition of the field or surrounding area.
- 2.) 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 practice or play by other teams or by other players on my team,(c) while on or upon the premises of any and all of the fields arranged for by my team or league, the City of Evansville, or the Department of Parks and Recreation for practice or play, and (d) for all risks of injury associated with any latent or patent defects of the field or the improvements surrounding the field.
- 3.) I release, discharge, and agree not to sue the team and league designated below, the City of Evansville, the Department of Parks and Recreation, the field owner 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 the team, league field, or Amateur Softball Association of America for any claim, damages, costs or cause including but not limited to the negligence, omission, breach of contract or wrongful conduct of the City of Evansville, Department of Parks and Recreation and these parties are hereby released from liability.

Photo release: I grant to Evansville Parks & Recreation, its representatives and employees the right to take photographs of me and to copyright, use and publish the same in print and/or electronically. I agree that Evansville Parks & Recreation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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

TEAM NAME: _____

	PLAYER	PLAYER'S SIGNATURE(Parent or Guardian if under the age of 18)	ADDRESS	CITY, STATE & ZIP	HOME PHONE	COUNTY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						