

City of Stockton – Community Services Department

ADULT SOFTBALL 2009

TEAM REGISTRATION FORM

SEASON I (Play starts week of March 23)

TEAM NAME: _____

Previous Year's Team Name _____ Division _____

CIRCLE: MEN'S WOMEN'S CHURCH COED

CIRCLE: SLOW PITCH FAST PITCH SENIOR

WE REQUEST TO PLAY IN _____ DIVISION: SLOW (D or E) OR FAST (C, D or E)

LEAGUES AVAILABLE

Table with 5 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY. Rows include Co-Ed, Men's Slow, Church Co-Ed, Fast Pitch (C&D), Men's Slow, Women's Slow, Men's Senior Slow, Fast Pitch (D&E), Men's Slow, Women's Slow, Women's Senior Slow, Men's Slow, Women's Fast, Women's Church, Men's Church, Women's Church.

CHOOSE THE NIGHT YOU WANT TO PLAY. WRITE IN "1ST CHOICE" AND "2ND CHOICE"

Table with 5 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY. Empty rows for selection.

PLEASE PRINT:

MANAGER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (BUSINESS) _____

E-MAIL ADDRESS _____

IF PAYING BY CHECK: DRIVER LICENSE # _____ EXP. DATE _____

NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.

IMPORTANT - PLEASE READ

CITY OF STOCKTON OFFICIAL WAIVER & RELEASE OF LIABILITY & IDENTIFICATION THE TEAM ROSTER MUST BE SIGNED BY EACH PLAYER IN HIS/HER OWN HANDWRITING. Any person signing the roster becomes the property of the above team until released by the Team Manager. Please note: Player Contract Fee does not cover medical costs for any injury arising from participation in the program. Your player fee is NON-REFUNDABLE and CANNOT BE TRANSFERRED to another player after participation has occurred. Fees are subject to change without notice.

FOR OFFICE USE ONLY:

Total Fees: Season I \$ _____ Player fees \$ _____ Receipt # _____ Date: _____

City of Stockton – Community Services Department

ADULT SOFTBALL 2009

TEAM REGISTRATION FORM

SEASON II (Play starts week of June 8)

TEAM NAME: _____

Previous Year's Team Name _____ Division _____

CIRCLE: MEN'S WOMEN'S CHURCH COED

CIRCLE: SLOW PITCH FAST PITCH SENIOR

WE REQUEST TO PLAY IN _____ DIVISION: SLOW (D or E) OR FAST (C, D or E)

LEAGUES AVAILABLE

MONDAY

Co-Ed
Men's Slow
Church Co-Ed

TUESDAY

Fast Pitch (C&D)
Men's Slow
Women's Slow
Men's Senior Slow

WEDNESDAY

Fast Pitch (D&E)
Men's Slow
Women's Slow
Women's Senior Slow

THURSDAY

Men's Slow
Women's Fast

FRIDAY

Men's Slow
Men's Church
Women's Church

CHOOSE THE NIGHT YOU WANT TO PLAY. WRITE IN "1ST CHOICE" AND "2ND CHOICE"

Table with 5 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY. Each column has a blank space for writing a choice.

PLEASE PRINT:

MANAGER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (BUSINESS) _____

E-MAIL ADDRESS _____

IF PAYING BY CHECK: DRIVER LICENSE # _____ EXP. DATE _____

NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.

IMPORTANT - PLEASE READ

CITY OF STOCKTON OFFICIAL WAIVER & RELEASE OF LIABILITY & IDENTIFICATION

THE TEAM ROSTER MUST BE SIGNED BY EACH PLAYER IN HIS/HER OWN HANDWRITING. Any person signing the roster becomes the property of the above team until released by the Team Manager. Please note: Player Contract Fee does not cover medical costs for any injury arising from participation in the program. Your player fee is NON-REFUNDABLE and CANNOT BE TRANSFERRED to another player after participation has occurred. Fees are subject to change without notice.

FOR OFFICE USE ONLY:

Total Fees: Season II \$ _____ Player fees \$ _____ Receipt # _____ Date: _____

HOLD HARMLESS AGREEMENT: I understand and agree to abide by the operation rules as set down by the Stockton Community Services Commission. I further agree to hold the Stockton Community Services Commission, its members, its officers and operation committees thereof, the City of Stockton, County of San Joaquin; Stockton, Lincoln, Lodi and Manteca Unified School Districts, San Joaquin Delta College, and the staff and other participants, free and harmless from any and all liability whatsoever arising from my participation in this activity. My signature authorizes the City of Stockton, Community Services Director to use a photograph or similar likeness or image of myself or the child named on this form in any future advertisement or promotion of the City of Stockton Community Services Department.

	PLAYER'S NAME (please print)	PLAYER'S SIGNATURE	ADDRESS	ZIP CODE	PHONE NUMBER HOME BUSINESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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19.					
20.					

I CERTIFY THAT ALL THE PLAYERS LISTED HAVE READ THE ABOVE HOLD HARMLESS CLAUSE BEFORE AFFIXING THEIR SIGNATURE.

MANAGERS SIGNATURE _____

DATE _____