



PARKS AND RECREATION DEPARTMENT

RETURN THIS FORM WITH THE FEE TO:

Whitewater Parks and Recreation

Adult Sports Registration
P.O. Box 178

Whitewater, WI 53190

ADULT LEAGUE TEAM REGISTRATION

Adult Leagues				
CHECK	CLASS #	LEAGUE	EARLY BIRD FEE	ADDITIONAL FEES
	2107.31	Men's Adult Softball Tuesday	\$150.00/team	Softball Registration Deadline: August 27, 2010
	2108.31	Coed Adult Softball Wednesday	\$150.00/team	

Manager Information (PLEASE PRINT!)

Team Name: _____

Home Phone: _____

Name: _____

Address: _____

City: _____, WI Zip _____

Daytime Phone: _____ Cell Phone: _____

Email address: _____

Assistant Manager Information

Home Phone: _____

Name: _____

Address: _____

City: _____, WI Zip _____

Daytime Phone: _____ Cell Phone: _____

Email address: _____

As the team manager I have informed my team players of the following:

RELEASE OF LIABILITY: I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing Whitewater Parks and Recreation Department programs. I assume all risks and hazards of the program and release from responsibility any employee/agent/volunteer/organization associated with this activity. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, against the City of Whitewater, its organizers, sponsors, or any volunteer connected with the program unless injury is caused by the sole negligence of the City of Whitewater. In absence of signature, payment fees and participation in the program shall constitute acceptance of the conditions set forth for any purpose.

Team Manager's Signature

Sport: _____ Team Name: _____ Level: _____ League: _____

TEAM ROSTER (Please print)

	Player's Name	Address	City	Zip Code	Daytime Phone	Evening Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

-over-