

Kingston Springs Parks & Recreation
Adult Co-Ed Softball League
Registration Form

Team Name: _____ Jersey Color: _____

Coach / Manager Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

*Required – Please print e-mail legibly. We will send out rainout info and updates to this address.

Emergency Contact & Phone: _____

Assistant Coach / Manager Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

*Required – Please print e-mail legibly. We will send out rainout info and updates to this address.

A coaches / managers meeting is scheduled for Monday, August 3rd at 6:00 p.m. at the softball field at City Park. If you are unable to attend, please send a representative from your team. When registering, each team must provide a registration form, initial roster (the roster serves as a waiver which every player MUST complete and sign prior to the first game), and the team fee of \$375. No registrations will be accepted without ALL of these items.

I have read and understand the league rules & guidelines. I understand this information and agree that I will be a positive part of this recreational league. I as team coach / manager understand that violations of league rules and/or misconduct on the part of my team or myself are grounds for termination of league participation as a team or individual - with no refund of fees.

Coach / Manager Signature: _____ Date: _____

Coach / Manager Signature: _____ Date: _____

*Do Not Write In This Box – For accounting purposes only	
Paid: _____	Amount
2009 Adult Co-Ed Softball Registration	Cash : _____ Check

Kingston Springs Parks & Recreation Adult Co-Ed Softball League

SOFTBALL ROSTER

By signing this roster, I hereby acknowledge that I have read and understand the rules and regulations set forth by the Kingston Springs Parks and Recreation Department and adopted by the team representatives for this league. I understand that the rules and regulations are designed to help ensure that this league will provide a wholesome recreational experience for myself and others participating in this league. I agree to abide by these rules and regulations for the duration of this program.

****HOLD HARMLESS STATEMENT:**** Also by signing this roster, I acknowledge that I am voluntarily participating in this sport, and assume all liability and risk associated with injury resulting from playing this sport, and further hold harmless the Town of Kingston Springs and its agents for any claims of personal injury or property damage arising out of or related to said participation.

Representative's Statement: I understand that I am responsible for the actions of the members of this team, and will do my best to provide the appropriate leadership required by the Parks and Recreation Department. I have verified that all participating players have read and understand that hold harmless statement.

ALCOHOLIC BEVERAGE ORDINANCE - I have read and agree to abide by the alcohol policy as stated in the rules. I understand that violation of this ordinance will result in ejection from the remainder of the season/tournament

	NAME	E-Mail	CITY	BIRTHDAY	PHONE	PLAYER'S SIGNATURE
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2.						
3.						
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Team Manager Name (PRINT)

Team Manager Signature

Date