

# CITY OF WHITTIER ADULT SOFTBALL

Parks, Recreation & Community Services Department

Whittier Community Center: 7630 Washington Avenue, Whittier, CA 90602 Phone (562) 567-9430 Fax (562) 567-2877

## WHITTIER ADULT SOFTBALL REGISTRATION FORM

TEAM NAME: \_\_\_\_\_ MANAGER NAME: \_\_\_\_\_

MANAGER ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SEASON/YEAR: \_\_\_\_\_ PREFERRED NIGHT: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

DIVISION CHOICE: "D1" STRONGEST & "D2" WEAKEST MEN'S: D1 OR D2 CO-ED: D1 OR D2

### PAYMENT INFORMATION

ENTRY FEE: \$ \_\_\_\_\_ PAYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAKE CHECKS PAYABLE TO "CITY OF WHITTIER" - **ONLY ONE CHECK ACCEPTED** - CHECK # \_\_\_\_\_

VISA / MASTERCARD (CIRCLE ONE) ACCOUNT NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ CHARGE CUSTOMER'S NAME: \_\_\_\_\_

### CITY OF WHITTIER ADULT SOFTBALL ROSTER

Please print all player information on next page. **Games will not start** until all information is collected.

Any roster changes must be made on the Add/Drop form. **NOTE: Do NOT** Sign For Your Players.

As manager of the \_\_\_\_\_ Team, I verify that all players have read the **CITY OF WHITTIER RELEASE FROM LIABILITY AND INDEMNIFICATION**, and signed the form and that each signature is in fact the signature of the player. Only those individuals whose names and signature appear on this form will be permitted to participate. I represent that I am signing as an individual and as an agent of the Team.

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**TEAM NAME:** \_\_\_\_\_ **MANAGER NAME:** \_\_\_\_\_ **SEASON/YEAR:** \_\_\_\_\_

## CITY OF WHITTIER RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless the City of Whittier, its officers, and employees, agents and volunteers, from and against any and all claims, damages, liability, expenses, and judgments, including attorney's fees in any way arising from my (or my child's) participation in the program for which I am registering him/her. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Whittier to photograph me or my child in this event or activity for advertising purposes for the City of Whittier and acknowledge I will not receive any compensation for such use. My signature acknowledges that I understand and agree to the above conditions.

### TEAM ROSTER

NAME (Please Print)	ADDRESS	CITY	ZIP	PHONE	SIGNATURE
<i>Manager:</i>	<b>MANAGERS: PLAYERS MUST FILL OUT ALL INFORMATION. PLAYERS CANNOT PARTICIPATE IN LEAGUE UNTIL COMPLETING INFORMATION.</b>				
<i>Assistant Manager:</i>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
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