

# WILLARD PARKS AND RECREATION ADULT BASKETBALL WINTER 2018

Team Name \_\_\_\_\_

Manager \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Asst. Manager \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I give permission for my child/myself (18+) to participate in the Willard Parks and Recreation Fall Adult Softball League and agree to hold the City of Willard, any of its employees, and the City of Willard Park Board harmless for any injury or damage to myself/child as a result of his/her participation. I also understand that their name or photo may be used for media purposes. By signing below I agree to the stipulations on the form.

\_\_\_\_\_

<b>Player Name (print or type)</b>	<b>Player Signature</b>	<b>Player E-mail Address</b>	<b>Phone Number</b>

**OFFICE USE ONLY** Receipt#: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_ Circle: Cash CC Payment: \$225