WILLARD PARKS AND RECREATION ADULT SOFTBALL
FALL 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.

Player Name (print or type)	Player Signature	Player E-mail Address	Phone Number

OFFICE USE ONLY Receipt#: _____ Check#:_____ Date: _____ Circle: Cash CC Payment: $300