



Adult Softball Team Registration Form

Team Name: _____
Please check your league preference:
<input type="checkbox"/> Men's League <input type="checkbox"/> Women's League <input type="checkbox"/> Coed League <input type="checkbox"/> Church League
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
<input type="checkbox"/> 3 Homeruns <input type="checkbox"/> Equalizer <input type="checkbox"/> No Homeruns

Coach's Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

_____ Initial Here That You Have Read The Below Statement

By submitting this form and registration fee you are committing to play in this league and no refunds shall be given.

WAIVER OF LIABILITY

I, THE UNDERSIGNED, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THIS ACTIVITY, AND DO HEREBY, FOR MYSELF, MY CHILD, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS HALL COUNTY GOVERNMENT, HALL COUNTY PARKS & LEISURE SERVICES DEPARTMENT AND THEIR REPRESENTATIVES, SPONSORS, AFFILIATED ASSOCIATIONS, ORGANIZERS, OFFICERS, OFFICIALS, AND PARTICIPANTS FOR ANY AND ALL DAMAGES SUFFERED BY MYSELF, MY FAMILY OR MY CHILD IN CONNECTION WITH THIS ACTIVITY.

SIGNED: _____ DATE: _____

Office Use Only:

\$475 Team Fee Date: _____ Total Amount _____ Receipt # _____