

# ADULT SOFTBALL LEAGUE

## Player Information

Name

Date of birth:

Age:

Phone:

Current Address:

City:

State:

Zip Code:

Adult 18+ or 18 and under (please circle)

## Emergency Contact Information

Name of relative not residing with you:

Address:

Phone:

City:

State:

Zip Code:

Relationship:

## Spouse Information if Joint Membership

Name:

Phone:

Date of Birth:

## Medical Release

Physical concerns that staff should be aware of:

Any known allergies:

## Mineral County Park and Recreation/YCAC

Name:

Participation Fees:

Date Paid:

Type of transaction: Cash    Check    Other

## Waiver of Liability :

I recognize and acknowledge that there are certain risks of physical injury to participants in Adult Softball and voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of the severity that I may sustain as a result of participating in any and all activities connected with or associated with this program /activity. I further agree to waive and relinquish all claims I have as a result of participating in this program/activity against Mineral County Park & Recreation and/or Young Citizens Activity Center, including their officials, volunteers, employees, agents and sponsors. I do hereby fully release and forever discharge Mineral County Park & Recreation and/or Young Citizens Activity Center from any claims for the injuries, damages or loss that I may have or which may accrue arising out of, connected with or in any way associated with this program activity.

Signature of Player:

Date: