



2015 ADULT SOFTBALL REGISTRATION

February 19th - March 18th

Online Registration at www.waynecountyrecreation.com



PARTICIPANT'S NAME- _____ AGE- _____ Date of Birth- _____
 CIRCLE ONE: Male Female Phone- _____ Cell/Text Msg- _____
 PHONE: (Best/Others) _____ Text Msg, Cell/Provider- _____
 Email: _____ Jersey Size: AS AM AL AXL AXXL AXXXL
 Participant's Name- _____
 Street Address- _____
 City, State, Zip Code- _____

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the Wayne County Parks & Recreation Department (WCRD), and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by WCRD and above named parties. Parent or guardian must sign for anyone age 18 and under. I do hereby grant and give these groups the right to use my or my child(s) name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto. WCRD encourages all attempts to increase attendance and reduce truancy in our school system. This may include, but is not limited to players being asked about attendance and truancy by the coach.

PARENT/PARTICIPANT SIGNATURE

OFFICE USE ONLY: Date _____ Amount\$ _____ Cash or Check Check# _____ Received by _____



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