



City of Galt, Parks & Recreation Dept.
610 Chabolla Ave., Galt, CA
(209) 366-7180 galtpandr@ci.galt.ca.us

ADULT TEAM REGISTRATION

PLEASE CIRCLE BELOW WHICH APPLIES:

MEN'S SOFTBALL

CO-ED SOFTBALL

SPRING

SUMMER

FALL

DIVISION:

UPPER

LOWER

TEAM NAME: _____

MANAGERS NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____

E-MAIL: _____ @ _____

*******IMPORTANT*******

This contract **MUST BE SIGNED BY THE PLAYER IN HIS/HER OWN HANDWRITING.** Any person signing this contract shall play for the team to which they are assigned until released by the Manager of the team. Any player who registers to play with more than one team is FROZEN on the team for which he FIRST plays a game. PLEASE NOTE: Your player contract fee does not cover any medical cost for any injury arising from participation in the program that you have signed up for.

It is the responsibility of the team manager to have each player sign the roster/waiver statement on page 2. The team manager will take full responsibility for any player that has not been added to or signed the roster/waiver.

SOFTBALL \$410.00

(Make checks payable to **City of Galt**)

LATE REGISTRATION FEE - \$40

NO REFUNDS

\$30 SERVICE FEE ON ALL RETURNED CHECKS

Participant Waiver Statement

I understand that there are inherent risks involved in my participation in the above sporting activity, including but not limited to those associated with weather conditions, playing conditions, equipment and other participants.

I agree to fully assume any and all risks associated with the participation in said sporting activity. I further agree to waive any and all claims that I may have against the City of Galt, its officers, supervisors, umpires, referees, employees, agents and volunteers arising out of any personal injury or property damage that is incurred during said participation. In addition, I agree to indemnify the City of Galt, its officers, supervisors, umpires, referees, employees, agents or volunteers from and against any and all liability or loss, damage, claims, expenses and costs, including without limitation attorneys' fees, related to any claim that may be filed concerning, on behalf of, or for myself and/or any other person or entity either now or in the future, that results from or is connected in any way with my participation in the activity.

Name (Please Print)

Signature acknowledging reading of the Participant Waiver Statement.
If under 18 parent's signature required. Please note age next to name.

Teams are limited to a maximum of 12 championship t-shirts.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____

I CERTIFY THAT ALL THE PLAYERS LISTED HAVE READ AND UNDERSTAND THE ABOVE PARTICIPANT WAIVER STATEMENT BEFORE AFFIXING THEIR SIGNATURE.

MANAGER'S SIGNATURE

DATE