CITY OF WHITTIER ADULT SOFTBALL

WHITTIER ADULT SOFTBALL

PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT WHITTIER COMMUNITY CENTER: 7630 WASHINGTON AVE, WHITTIER CA 90602 PHONE: 562-567-9430

CITY OF WHITTIER ADULT SOFTBALL TEAM REGISTRATION FORM			
MAI	NAGER INFORMATION	TEAM INFORMATION	
MANAGER:		TEAM NAME:	
ADDRESS:		SELECT LEAGUE	
CITY:	ZIP:	MENS: WEDNESDAY THURSDAY FRIDAY SUNDAY	
DATE OF BIRTH:	•		
EMAIL:		COED: WEDNESDAY FRIDAY SUNDAY	
PHONE:		GAME TIME REQUESTS?:(NOT GUARANTEED)	

PAYMENT INFORMATION - LEAGUE FEE \$400	
To Register go to: Whittierrec.org	
Adult Softball website: teamsideline.com/Whittier	

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CITY OF WHITTIER RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless the City of Whittier, its officers, and employees, agents and volunteers, from and against any and all claims, damages, liability, expenses, and judgments, including attorneys fees in any way arising from my (or my child's) participation in the program for which I am registering him/her. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Whittier to photograph me or my child in this event or activity for advertising purposes for the City of Whittier and acknowledge I will not receive any compensation for such use.

My signature acknowledges that I understand and agree to the above conditions.

MANAGERS/PLAYERS: PLEASE MAKE SURE ALL INFORMATION IS COMPLETED. PLAYERS CANNOT PARTICPATE IN LEAGUE UNTIL DOING SO. **TEAM NAME LEAGUE DAY/NIGHT** SEASON/YEAR **HOME ADDRESS** CITY **ZIP CODE SIGNATURE** NAME PHONE # Manager: Astnt Mnar: 5 7 8 9 10 11 12 13 14 15 16