


FORMS WITH PAYMENT MAY BE MAILED TO 231 S TOWNSEND OR BROUGHT TO RECREATION OFFICE AT 201 W 12TH STREET. ALL FORMS MUST BE TURNED IN BY 5PM APRIL 7.

City of Ada Recreation
Co-Ed Softball Registration Form

PLEASE PRINT IN ALL CAPS

PLAYER INFORMATION

PLAYER'S NAME _____ DATE OF BIRTH ____/____/____ AGE AS OF JANUARY 1 OF THIS YEAR 

ADDRESS _____ CITY _____ ZIP _____

Phone Number _____

EMERGENCY CONTACT INFORMATION - Please Complete All Parts

Name _____	Name _____
Relationship _____	Relationship _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

LEAGUE INFORMATION

CATEGORY

CO-ED \$40

CURRENTLY AFFILIATED WITH A TEAM

YES

TEAM NAME _____

NO

I, the registrant, agree that I will abide by the rules of the City of Ada, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with athletic programs and in consideration for the City of Ada accepting the registrant for its sport programs, I hereby release, discharge, and/or otherwise indemnify the City of Ada, its affiliated organization and sponsors, their employees and associated personnel. Including the owners of the fields and facilities utilized for sports programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in a sports program.

SIGNATURE DATE

OFFICIAL USE ONLY

DATE REGISTERED ____/____/____ ALL PARTS VERIFIED ____ NEW PLAYER ____ BIRTH CERTIFICATE ____
CASH/CHECK/ CREDIT CARD ____ AMOUNT PAID ____ RECEIVED BY ____