

## ADULT SPRING COED SOFTBALL

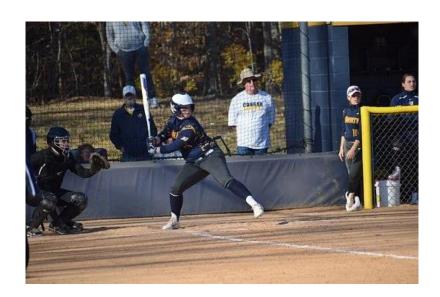
Parks and Recreation 123 S. Esplanade Leavenworth, KS 66048 www.lvks.org

Open to men and women age 18 and over whose high school class has graduated. We play a 10-game schedule. Requires a minimum of 4 teams. No divisions. USA (formerly ASA) rules are used.

- Season: April May. Games on Tuesdays and Thursdays.
- **Registration**: February 1 February 28. Turn in team roster and pay at the Riverfront Community Center.

• **Fee**: \$315

Mandatory Coaches Meeting to be announced.



Team roster on back of form.

TEAM ROSTER ADULT COED SOFTBALL (REC52)			Date Paid \$ Receipt #
Team Name:			Initials
Date:			
Activity:			
I/We, the below named per activities associated with the indemnify, and hold harmle supervisors, any and all of or any of the supervisors appropriately myself/ourselves to or from requested by the City.	rson(s), participating in the abnis. I/We assume all risks incress the Parks & Recreation Dethem. In case of injury to my proported to them. I/We likewed the activities. I/We will further	completing and signing: ove named activity, hereby agree to reduct of the activity. epartment of the City of Leavenworth self/ourselves, I/we waive all claims is release from responsibility any penish a birth certificate and verification	I/We do further release, absolve, in, the sponsors, and the against the organization, sponsors, erson transporting
Each individual playo Player's Name	er must personally sign Signature	the roster or it is invalid.  Home Address	Email
Trayer s reame	Signature	Tiome radices	Dinan
		Manager's Affidavit	
above is correct to the be	est of my knowledge. All compete with my team in the	f the above team, declare that all of the players signed the above in league. I also understand that I a	their own handwriting. All
Signature		Phone	
Address		- Email	

Proof of Payment (Invalid if not completed)

For more information, contact Tabor Medill at 913-758-6648 parksandrec@firstcity.org