FALL MEN'S DOUBLEHEADER SOFTBALL LEAGUE

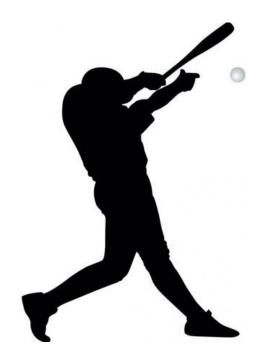Open to men age 18 and over whose high school class has graduated. We play a 10-game schedule. No divisions. USA (formerly ASA) rules are used. A minimum of 4 teams must register for the league to form. A maximum of 8 teams will be accepted.

- **Season**: Begins in September.
- **Registration**: July 15 – August 15. Bring team roster and pay at the Riverfront Community Center.
- **Fee**: $315

Mandatory Coaches Meeting to be announced.

Team roster on back of form.

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

TEAM ROSTER ADULT DOUBLEHEADER SOFTBALL
(REC50)

Team Name: _____

Date: _____

Activity: _____

Read the following waiver statement before completing and signing:

I/We, the below named person(s), participating in the above named activity, hereby agree to my/our participation in any and all activities associated with this. I/We assume all risks incidental to the conduct of the activity. I/We do further release, absolve, indemnify, and hold harmless the Parks & Recreation Department of the City of Leavenworth, the sponsors, and the supervisors, any and all of them. In case of injury to myself/ourselves, I/we waive all claims against the organization, sponsors, or any of the supervisors appointed to them. I/We likewise release from responsibility any person transporting myself/ourselves to or from the activities. I/We will furnish a birth certificate and verification of place of residence if so requested by the City.

Each individual player must personally sign the roster or it is invalid.

Printed Player's Name	Player's Signature	Email

Team Manager's Affidavit

I, _____, the manager of the above team, declare that all of the information supplied above is correct to the best of my knowledge. All of the players signed the above in their own handwriting. All players are eligible to compete with my team in the league. I also understand that I am responsible to ensure all of the City rules are followed.

_____   _____
Signature   Phone

_____   _____
Address   Email

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