



SPIRIT LAKE PARKS & RECREATION

ADULT CO-ED SLOW PITCH SOFTBALL TEAM REGISTRATION FORM

6042 W. Main Street PO BOX 309 Spirit Lake, ID 83869
Office (208) 623-4868 Fax (208) 623-6463 www.spiritlakeid.gov/parkandrec/

TEAM NAME:

Team Manager	Email:	Phone:
Address:	City:	Zip:
TEAM FEE: \$450 (Minimum of 10/Maxi of 14/at least 5 women) Make Checks payable to: City of Spirit Lake		

RELEASE AGREEMENT

I hereby agree to participate (or allow my child to participate) in the ABOVE NAMED PROGRAM WHICH IS a recreational and educational activity to be conducted by the City of Spirit Lake and do hereby acknowledge that such participation presents risks, some of which are unknown; I agree to assume all risks associated with such participation. I do, on behalf of my child/ward and any person who may have an interest in his/her well-being or property, hereby release and forever discharge the City of Spirit Lake, Idaho, its agents, servants, employees and cooperators from any and all real possible claims for damages or other harm to person or property, regardless of the manner by which any such claim may be brought. I accept the terms of this complete and total release and agree to be bound by it of my own free will. I hereby consent to first aid, emergency, medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred as a result of any accident or illness while participating in the program. I am the parent or legal guardian or the above-named participant, who is referred to in this agreement as child/ward. My approval of this agreement means that I cannot later bring a claim for damages against the City of Spirit Lake and/or any cooperators in this program.

Signature of Team Manager

Date:

TEAM MANAGER'S AGREEMENT

As Manager/Coach of my Adult CO-ED Softball Team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Spirit Lake, Parks and Recreation has a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that Spirit Lake Parks & Recreation will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, intoxication, or any other behavior detrimental to the sport.

As the Team Manager/Coach I understand that I will not be allowed to pick up any players past two weeks into the season, and I will have that individual stop by the Parks and Recreation Office to add his/her name and signature to the roster. I understand that if I have any player on the field that is not on my roster my team will forfeit that game and this could possibly jeopardize our ability to participate in the end of the season tournament.

My signature indicates that I have read and understand these policies.

Printed Name

Signature

Please return form and fees to:
Spirit Lake Parks & Recreation
6042 W. Maine Street
Spirit Lake, ID 83869

	Print Player's Name	Player's Signature	Email Address	Phone	Gender
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

My Signature Indicates That I have Read and Understand the Information Contained Below.

Release Agreement:

I hereby agree to participate (or allow my child to participate) in the ABOVENAMED PROGRAM WHICH IS a recreational and educational activity to be conducted by the City of Spirit Lake and do hereby acknowledge that such participation presents risks, some of which are unknown; I agree to assume all risks associated with such participation. I do, on behalf of my child/ward and any person who may have an interest in his/her well-being or property, hereby release and forever discharge the City of Spirit Lake, Idaho, its agents, servants, employees and cooperators from any and all real possible claims for damages or other harm to person or property, regardless of the manner by which any such claim may be brought. I accept the terms of this complete and total release and agree to be bound by it of my own free will. I hereby consent to first aid, emergency, medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred as a result of any accident or illness while participating in the program. I am the parent or legal guardian or the above-named participant, who is referred to in this agreement as child/ward. My approval of this agreement means that I cannot later bring a claim for damages against the City of Spirit Lake and/or any cooperators in this program.

Team Manager's Signature

Verifying AUTHENTICITY of Signatures: _____