

Receipt # _____

Amount Paid: _____ Date Received: _____

Received By: _____



Platteville Recreation

Janet Torres, Recreation/Senior Director

Phone: 970-785-2245 x 1101

400 Grand Ave, Platteville, CO 80651

jtorres@Plattevillegov.org

Activity/Sport: _____

Team Name: _____

Team Captain (this person will be the point of contact with the Town):

Phone: _____ Is this a cell phone: Y N

Email: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address (if different) : _____ City: _____ Zip: _____

Roster:

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

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Co Ed Adult Softball Rules

Cone line for women in outfield/men must stay behind

Start with one ball and one strike

The orange mat will be used. If the ball hits the mat it is considered a strike

Official will be present and will be the official score keeper

Batting order must be male/female. Two men batting in a row will result in an out.

Infield and outfield must be a balanced mix of males and females (equal number of men and women on the field or more females)

One over the fence home run is allowed each game. Any additional over the fence homeruns will be considered an out.

In the event of inclement weather games will be cancelled by 4:00 pm. Team Captain will be called if games are canceled.

The Official/Supervisor has the right to have any unruly fan or player removed from the game.

All fees must be paid by JUNE 30, 2019

Team Name: _____ Sport: _____

Player Name: _____ Phone: _____ Shirt Size: AS AM AL AXL AXXL

Email: _____

IN CASE OF EMERGENCY CONTACT (Different than above):

Contact 1

Name: _____ Relationship: _____ Phone: _____

Contact 2

Name: _____ Relationship: _____ Phone: _____

Does the Participant have insurance: Yes No If yes, current insurance provider: _____

Pre-existing Medical conditions (Allergies, Asthma, etc....): _____

I, _____ intend to enroll in the following activity sponsored by the Town of Platteville and scheduled to take place during the time period indicated:

Activity/Sport: _____ Dates of Participation Fall Winter Spring Summer Year: _____

I give permission to be photographed and participate in media coverage (Circle one): YES NO

I, _____ understand the hazards, perils and potential injuries that may result from my participation in the above activity/event. I understand that all such activities pose the possibility of injury; and although remote- there is even a statistical possibility of permanent paralysis or death. I have been given the chance to ask questions of appropriate town personnel and volunteers concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. Having received sufficient information to make an informed decision, I hereby agree to assume all such risks and release the Town, its staff and volunteers from liability resulting therefore. This Waiver and Release of Liability is executed on behalf of me, my child and my heirs, person representatives, successors and assigns. **BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY , I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ITS CONTENTS.**

Signature: _____ Date: _____

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