

ADULT FALL COED SOFTBALL

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

Registration:

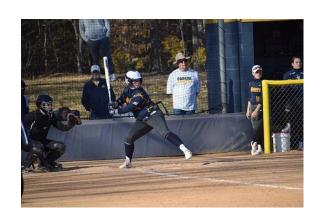
- ◆ July 15 August 15
- ◆ Signed roster MUST accompany fee payment
- ◆ Players must be at least 18 years old whose high school class has graduated
- Minimum of 4 teams (fees will be refunded if minimum is not met)

Season:

- ◆ Season begins September 1
- ◆ 10 game season
- ◆ Games on Tuesdays and Thursdays

Fees:

\$315



Mandatory Coaches Meeting

- ◆ To Be Announced
- ◆ Riverfront Community Center

TEAM ROSTER

Proof of Payment (Invalid if not completed)			
Date Paid \$			
Receipt #			

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.

Player's Name	Signature	Home Address	Email

Team Manager's Affidavit

I,, th	e manager of the above team, declare that all of the infor	mation supplied
above is correct to the best of my know	eledge. All of the players signed the above in their own h	nandwriting. All
players are eligible to compete with m	y team in the league. I also understand that I am responsi	ible to ensure all of
the City rules are followed.		
Signature	Phone	
Address	Email	

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