



City of Bonner Springs
PARKS AND RECREATION

Adult Slo-Pitch Softball Registration

Date: _____

Type of Leagues:

Sunday Afternoon Co-Rec _____ Tuesday-Thursday Men's _____

Session: Spring _____ Summer _____ Fall _____

Team Name: _____

Number of Players: _____

Team Manager (Name): _____

Address: _____

Email: _____

Work Phone: _____ Cell Phone: _____

Second Contact: _____ Phone: _____

Office Use Only

Fee Paid: \$ _____

Receipt Number: _____

Staff: _____



City of Bonner Springs

PARKS AND RECREATION

Waiver & Release: In consideration of permission granted to me by the Bonner Springs Parks and Recreation Department, and the City of Bonner Springs, Kansas, to participate in the adult slo-pitch softball leagues during the 2019 year, I hereby release and discharge from all claims, demands, actions, judgements and execution which undersigned ever had or now has or may have, or which the undersigned's heirs, executors, administrators or assignees may have or claim to have against the Bonner Springs Parks and Recreation Department, and the City of Bonner Springs, its successors or assignees for all personal injuries, known or unknown I, the undersigned, have read this release and understand its terms.

<u>NAME</u>	<u>ADDRESS</u>	<u>EMAIL</u>	<u>SIGNATURE</u>	<u>T-SIZE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____