

Adult Co-Ed softball league



Starts Tuesday July 14th

- Games will be played on Tuesday and Thursday tentatively beginning at 6:00 PM those evenings
- One player from home team must provide umpire for game prior to your game.

Team Registration: \$200

Registration due by July 7th

- Minimum of 8 players per team (balance of males and females)
 - *Can play with 7 males and 3 females
- Minimum of 4 teams needed to hold league
- Schedule will be developed based on number of teams

For more information contact Nathan Kral at the GCCC at 515-386-3412 or asstdirector@gcccjefferson.com

Jefferson Parks and Recreation- **Adult Co-ed Softball League**

Roster

Team Name: _____
Head Coach: _____ **Home Phone:** _____
Work Phone: _____ **Cell Phone:** _____
Email (will be used to distribute schedule): _____

Roster	Name	Phone Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Signature: _____ Date: _____

Does the participant have any condition that would prevent full participation in the above activity?

____yes ____no ie. asthma, diabetes, seizures, allergies (bee stings), etc