

# **MCKINLEYVILLE PARKS & RECREATION**

## **COED WOOD BAT SOFTBALL LEAGUE**

### **TEAM ENTRY FORM**

TEAM NAME: \_\_\_\_\_

MANAGER NAME: \_\_\_\_\_

MANAGER PHONE: \_\_\_\_\_

MANAGER EMAIL: \_\_\_\_\_

MANAGER ADDRESS: \_\_\_\_\_

#### **PLEASE NOTE:**

**ALL GAMES WILL BE PLAYED AT THE HILLER SPORTS COMPLEX  
THIS FORM MUST BE SUBMITTED TO THE PARKS & RECREATION OFFICE  
WITH THE \$700 ENTRY FEE.**

**MCKINLEYVILLE COMMUNITY SERVICES DISTRICT  
Parks and Recreation**

**P.O. Box 2037, McKinleyville, CA 95519 - 839-9003**

**Adult Consent & Liability Release Form: Coed Wood Bat Softball League**

I, the undersigned, understand that participation in recreational activities involves inherent risk, and the risk of injury does exist. I, the undersigned, certify that I and/or the stated minor for whom I am the parent/legal guardian are in good health and able to participate in activities for which I register and/or pay the program fee. I, the undersigned, hereby acknowledge that I and/or the stated minor are voluntarily participating and agree to assume any and all risks associated with participation in any of the sponsored recreational programs offered by the McKinleyville Community Services District, Parks & Recreation Department. I fully understand participation in said programs may expose participants to the risk of personal injury, death, or property damage. I hereby release, discharge, and agree not to sue the McKinleyville Community Services District for any injury, death, or damage to, or loss of personal property arising out of or in connection with the participation of the undersigned and/or the stated minor for whom I am the parent/legal guardian in said programs from whatever cause, including the active or passive negligence of the McKinleyville Community Services District or other participants in said program. In consideration for being permitted to participate in said program, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify, defend and hold harmless the McKinleyville Community Services District, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with my participation or that of the stated minor for whom I am the parent/legal guardian in said program.

I, the undersigned has the legal right and hereby give permission for myself and/or the stated minor for whom I am the parent/legal guardian to be photographed/videotaped during participation in any activity sponsored by McKinleyville Community Service District. The undersigned gives permission for any use of photos or videos without limitation (including public release) or consideration. I have carefully read this Release, Hold Harmless and Waiver Agreement, and agree not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it voluntarily on my own free will. Executed as of the date set forth below.

	<b>Participant Name</b>	<b>Age</b>	<b>Signature</b>	<b>Date</b>	<b>Phone #</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Registration & Consent Release and Waiver of Liability Form:

Basketball, Tot-letics, Futsal, KidsClub, KidsCamp, BreakOut, Pickleball, Dog Obedience, Dog Rally/Agility, Birthday Parties, Skating, Martial Arts, Dodgeball, Volleyball, Special Events, Dances, Softball, PlayGroup and other activities authorized by my payment.

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I, the undersigned has the legal right and hereby gives permission for myself and/or the stated minor for whom I am the parent/legal guardian to be photographed/videotaped during participation in any activity sponsored by McKinleyville Community Service District. The undersigned gives permission for any use of photos or videos without limitation (including public release) or consideration. I have carefully read this Release, Hold Harmless and Waiver Agreement, and agree not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it voluntarily on my own free will. Executed as of the date set forth below.

Please Print Clearly

Adult / Guardian (Head of Household): First Last Date of Birth: / /

Phone #: \_\_\_\_\_

Emergency Contact: First Last Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email address (required for online access): \_\_\_\_\_

Adult / Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Minor's Name: First Last Male [ ] Female [ ]

Date of Birth: / / Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Does child have a physical/medical or mental limitation? Allergies? [ ] Yes [ ] No If yes, explain below:

USE THIS FORM FOR MINORS UNDER AGE 18

Residential Status

\*based on address of individual completing form

Is your residence within the McKinleyville Community Services District service area? [ ] Yes [ ] No
If not, do you own property or a business within the service area? [ ] Yes [ ] No If yes, explain below:

Business Name

Street Address