

**CITY OF ROCKWALL
PARKS & RECREATION DEPARTMENT**

REGISTRATION FORM

HOME PHONE: () _____

TEAM NAME: _____

CONTACT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DAY PHONE: () _____ EVENING PHONE: () _____

EMAIL: _____

DIVISION

NIGHT (CHECK ONE)

CO-ED _____

MON _____

MEN'S CLASS C _____

WED _____

MEN'S CLASS D _____

WED _____

PLEASE COMPLETE A ROSTER PRIOR TO THE FIRST GAME!

I HEREBY HOLD THE CITY OF ROCKWALL, ITS EMPLOYEES, AND AGENTS HARMLESS AND RELEASE SAME FROM ALL LIABILITY FOR ANY LOSS WHICH MAY RESULT FROM ME/MY TEAM MEMBERS PARTICIPATION IN THE ABOVE PROGRAM/LEAGUE. I ALSO GIVE PERMISSION FOR ANY PHOTOGRAPHS TAKEN DURING THESE ACTIVITIES TO BE USED FOR PROMOTIONAL USES FOR THE PARD IN THE FUTURE.

SIGNATURE _____ DATE _____

Office use only: Receipt # _____	Date: _____	Int. _____
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