South San Francisco Department of Parks, Recreation and Community Services

Adult Sports League Entry Request

Name of Team:		
Please circle the softball league/sea	ason you desire to participate in:	
Thursday Open Men's \$750.00	Monday Recreation Coed \$560.00	Tuesday Open Coed \$560.00
Season: Spring Year: 2024	4	
	tlet before completing and submitting team re ress, home and work phone number and play	· · · · · · · · · · · · · · · · · · ·
Please Print:		
Manager		
Address	City	ZIP
Home Phone	Work Phone	
E-Mail Address:		
result in suspension from the prese team are aware and understand the regarding the Adult Sports League of Department and the Sports Associa familiar with the player release of lia	ct to the best of my knowledge and fully realize on the league and may jeopardize my entry into future above. I also certify that I have read and underestablished by the south San Francisco Recreat ation of Northern California Recreation Agencies ability and that accident or liability insurance is not seen that accident or liabil	re leagues and that all players of my rstand all the rules and regulations ion and Community Services , and that each member of my team is
Injury Awareness Statement: See a	ttached.	
Manager's Signature		
	For Office Use Only	
Entry Fee: Cash, Cashier's Check	k, Credit Card (Visa, MC, Discover, Amex)	\$
Receipt Number:	Check #	TOTAL \$
Card Number:	Exp. Date	Card Code
Cardholders Name:		
Signature:		

C:\SPORTS\SOFTBALLFORMS

Injury Awareness Statement

As manager of an Adult Softball Team participating in the south San Francisco Adult Leagues, I assume the responsibility of advising members of my team that while the program is recreational, softball by its very nature is a sport in which participants may be injured. Players should be familiar with basic softball principles. The City of South San Francisco uses pegged bases which means they do not move when a player slides into them. Players should be proficient in the art of sliding and aware that this type of base is being used.

I also agree to inform team members of the ASA insurance available for softball teams.

Manager's Signature

Date



South San Francisco Parks, Recreation and Community Services Adult Sports Team Roster

(Team rosters must be typed/printed and filled out completely) Season: Spring 2024

We, of	_ agree to participate in the	League, and on behalf of myself, executors or heirs
agree to indemnify and hold the City of South San Francisco and al	l of its officers, employees or officials ha	rmless from and against any and all liability for any accident of
injury or any claim of damages which may be suffered by the aforer	mentioned individual(s) arising out of or in	n any way connected with my participating in this activity
without regard to the negligence of the City of South San Francisco	or its officers, agents, employees or officers	cials. We also acknowledge that the City of South San
Francisco may use images taken during league play for City Web P	Page and other Department promotion (D	Pept. Brochure, etc.)

Player's Name (Print)	Home Address, City, ZIP	Home Phone	Cell/Pager #	Signature