



CITY OF BANGOR
PARKS & RECREATION

Adult Softball Roster/Registration Form

www.BangorParksandRec.com

Team Name: _____

Contact Name: _____ **Email:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Address: _____

Alternate Contact Name: _____ **Email:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Please Check one: MENS A MENS B MENS C CHURCH CO-ED A CO-ED B

Player Name (print)	Date of Birth	Address	Player Signature
1			
2			
3			
4			
5			
6			
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8			
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16			
17			
18			

By signing above I acknowledge that all information is accurate and any fraudulent information may result in myself or team to be removed from the league. I give permission be treated by emergency personnel if needed and the Bangor Parks and Recreation Department to use any photos for promotion or advertising. I further state that I assume responsibility in the inherent risks and hereby release and agree to hold the Bangor Parks & Recreation Department and its representatives, employees, instructors or facilities blameless in the event of injury, without limitation, whether consisting of personal injury or property damage of any extent.

Will not be put on schedule Paid In Full/NO EXCEPTIONS

BALANCE DUE 2 weeks prior to season to be put on schedule

MAKE CHECKS PAYABLE TO: CITY OF BANGOR

\$775 per team

Office Use only: Date Received: _____ Date Paid: _____ Staff Initials: _____