

# CITY OF HIGH SPRINGS RECREATION

## ADULT co-ed SOFTBALL



(Please Print)

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DO YOU RESIDE INSIDE THE CITY LIMITS? Yes or No      Check one:    Male or Female

SHIRT SIZE: AM   AL   AXL   AXXL

I, hereby agree to participate in the High Springs Adult Softball League. I assume all risks and hazards incidental to such participation, including to and from the activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the High Springs League, Recreation Department, the organizers, sponsors, supervisors, participants, and the City of High Springs, whether the result of negligence or for any other causes, except to the extent and in the amount covered by accident or liability insurance. There is no accident insurance. I agree to volunteer to do my part in keeping the facility clean. I understand that my position on a team will not be guaranteed unless this form is signed AND fee is paid. Coaches will contact players when teams are filled.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS \_\_\_\_\_

You may register at High Springs City Hall, Monday through Friday from 8:30 – 4:30 or mail form and check to City of High Springs, c/o Recreation Director, 110 NW 1<sup>st</sup> Ave, High Springs, FL, 32643. Also, you may use the drop box at city hall after hours. Make checks payable to **City of High Springs**. For further information call Johanne Bell @ 386 454-1416 ext 5, OR email at [HighSpringsRecreation@Yahoo.com](mailto:HighSpringsRecreation@Yahoo.com).

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

MANAGED BY \_\_\_\_\_

**The cost is \$200 per team of up to twenty (20), or if you don't have a team, individual registration is \$50 per person.**