

MEN'S SLOWPITCH SOFTBALL PROGRAMS

Program

FEE

Men's Slow Pitch

\$300 per team

Amount Paid

Make all checks payable to Atlantic Park & Rec

TEAM REGISTRATION

TEAM NAME/BUSINESS

ADDRESS

CITY

ZIP

PHONE #

TEAM CAPTAIN NAME

ADDRESS

HOME #

WORK#

CELL #

Waiver: I certify that my team is in good health and is physically capable of participating in the above marked program/programs. I do not hold the Park and Recreation, City of Atlantic or Nishna Valley Family YMCA, their Boards of Directors, Instructors, Volunteers, Officials, or Employees responsible for any injuries or damages that may occur. I also understand that the risk of injury is possible.

I agree that the Park and Recreation/YMCA may photo or videotape my team and use it for their promotions.

_____ Team Captain initials

Parent/Guardian Signature _____ Date _____

