



Brookfield Parks, Recreation & Forestry Department

Adult Softball Player Registration Form

2019

TEAM NAME: _____

Last Name		First Name		
DOB: Mo/day/Yr				
Resident Street Address		City		Zip
Cell Phone	Business Phone	E-mail Address		T-Shirt Size

DIVISION: (one) Men's C Men's 35+ Women Coed

City of Brookfield Residents: A Copy of Your Driver's License must be submitted with this form for Proof of Residency. If a copy is not provided, you will be considered a non-resident for registration purposes and pay the non-resident fee.

I agree to abide by the rules established by the Brookfield Parks & Recreation Department governing this program which my team manager has or will convey to me prior to league competition. By signing this form, I verify that all information listed is accurate and I understand that any false information listed will result in my suspension and also my manager's suspension from the program along with a forfeiture of fees paid. Furthermore, I am aware of the potential risks inherent with participation in this activity and that the City of Brookfield does not carry insurance on program participants, and I will not hold the City, its officials, the team manager or sponsor responsible for any injuries I might receive as a result of my participation.

Player's Signature _____ Date Signed: _____

I hereby assume responsibility for and attest to accuracy of this application for Participation in the Brookfield Parks & Recreation Department sponsored league.

Manager's Signature _____ Date Signed _____

Comments: _____