

OFFICE USE ONLY: Birth Certificate _____ League Age _____ League _____
Fees Paid _____ Received By _____ Cash _____ Check _____

**ROLESVILLE PARKS & RECREATION DEPARTMENT
REGISTRATION FORM**

Participant* _____ Activity: **50 and Over Softball League**

Male _____ Female _____ Current Age _____ Birthdate _____ Nick Name _____

Shirt Size (circle one) YS YM YL AS AM AL AXL AXXL

Street Address, City, Zip _____

Home Phone Number _____ Work Number _____

Emergency Contact _____ Phone Number _____

Email address _____

Fees: **\$40**

WAIVER

I/we hereby assume all risks and hazards incidental to such participation in and transportation to and from the activities listed above. I release, above, and indemnify the Town of Rolesville, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I/we certify that we have read and agree to the terms stated above and that the information is correct to the best of my/our knowledge.

Signature

Date