



2021 Adult Softball League – Spring/Summer Team Registration Form

Office Use Only
Received Date _____ Cash _____
Approved By _____ Credit Card _____
Total Paid _____ Check # _____
Receipt Number _____

Team Name _____

Team Manager's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email (Required) _____

Important Information:

League Fee: \$325

League includes 8 regular season games with a single elimination tournament for the top 4 teams. League will consist of 5-8 teams*

Registration Forms can be emailed to recreation@pickerington.net, faxed to 614-833-2201, or dropped off at City Hall, 100 Lockville Road, Pickerington, OH 43147

Registration Deadline: Friday, April 2*

*Returning teams from last year's spots will be held until Friday, March 5. Payment due by April 2.

Rosters must be a minimum of 9 players, maximum of 25 players. All players must be at least 18 years old before league begins.

- Rosters due by Tuesday, April 20; Rosters do not need to be submitted with Registration Form.

If signing up as a free agent, please register online at www.pickerington.net or contact the Parks and Recreation Department at 614-833-2211. A Free Agent team will be created if enough free agents are available. If not, contact information will be sent to team managers upon request by existing teams or on April 14. Placement on a team is not guaranteed.

Softball League Rules are posted on www.pickerington.net.

Leagues:

Monday Men's Church – Sycamore Creek Park Softball Fields – 6:15pm and 7:15pm games – League begins May 3

Friday Men's – Sycamore Creek Park Softball Fields – 6:15pm and 7:15pm games – League begins May 7

Friday Co-Ed – Diley Road Softball Fields – 6:15pm and 7:15pm games – League begins May 7

1st League Choice _____

2nd League Choice _____

Waiver for Applicant

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Pickerington harmless of and from any and all liability of whatever nature, which may arise out of result of such uses. The City of Pickerington reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature _____ Date _____

Payment Method: _____ Cash _____ Check Number _____ Credit Card – Please bill my (circle one): MC or VISA

Name of Cardholder _____ Account Number _____ Expiration Date _____ CVC Code _____

Cardholder Signature _____ Date _____