

San Carlos Parks and Recreation

SOFTBALL SUMMER 2024

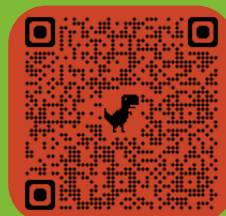


HIGHLANDS PARK

COED - Sundays at 4:00 PM
Men's - Mondays at 6:00 PM

4-7 TEAMS
7-8 GAME GUARANTEE
\$620 PER TEAM

REGISTRATION DEADLINE
June 16th



email athletics@cityofsancarlos.org for more information

**CITY OF SAN CARLOS PARKS & RECREATION
DEPARTMENT ADULT SOFTBALL
TEAM REGISTRATION FORM**

| | |
|---|--|
| <p>_____ COED (Sunday) _____ Men's Rec (Monday)</p> | |
|---|--|

Team Name: _____

Manager's Name: _____

Address: _____ **City:** _____ **Zip:** _____

Cell Phone: _____ **Additional Phone:** _____

Manager's Email: _____

Asst. Mgr./ (Other Contact): _____

Cell Phone: _____ **Additional Phone:** _____

Asst. Mgr. Email: _____

(if any): _____

Returning Team? _____ **New Team?** _____

Fees: Please submit one check written out to the City of San Carlos, exact amount of cash, or Visa/MasterCard

_____ **\$620**

Amount Paid by: Cash _____ **Check #** _____

VISA/MC # _____ **Exp. Date:** _____

Payee's Name _____

Notes:

San Carlos Parks & Recreation Adult Softball

I hereby absolve and hold harmless the City of San Carlos, the San Carlos School District (when District facilities are used or a program is co-sponsored), and the Parks and Recreation Foundation of San Carlos, their respective officers, employees, and instructors, from all injuries, (including risk of exposure to COVID-19 or other communicable diseases), claims, or liabilities that may result from my participation in the above activity. If participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstruction and that any use of a third-party application (e.g. Zoom, Google Meet, etc.) at their own risk. Photo/Video Release: I agree to the use of my photograph/video for City and/or Parks & Recreation Foundation publicity.

Team Name: _____

Manger's Name: _____

League: _____

Year & Season: _____

| | Name | Email | Phone Number | City of Residence | Signature |
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