

**Mens & Womens 40 & over Softball
Registration Form**



Sessions: (circle) Spring Summer

Name _____

Address _____

City, State, Zip _____

Phone# _____ (we will use this number for cancellations, etc.)

Email _____

Participant Agreement: I understand the dangers associated with participating in this program or any other physical fitness or recreation programs. I am in good physical health and will abide by the rules, regulations, guidelines and instructions as determined by the Shelbyville Parks & Recreation Department board, directors, instructors and/or employees.

Liability Agreement: I do hereby release and hold harmless the City of Shelbyville, Shelbyville Parks & Recreation Department and any sponsors or associations related to any program or activity, and/or employees liable or responsible for any sponsored events, programs or activities. This agreement to release and hold harmless shall also be for my heirs, estate, executor, administrator, assignees and for all members of my family.

**Return form with payment to Shelbyville Parks Dept, 945 S Tompkins St,
Shelbyville IN 46176!**

Payment policy: Please make all payments through the Shelbyville Parks Dept, Office hours: Mon-Fri 8:00 am to 4pm. This may be done in person, by mail or over the phone using a credit card or on our Website - shelbyparks.com. Thank you for your cooperation!

Participant

Signature: _____ **Date:** _____