



Adaptive Softball



ADAPTIVE SOFTBALL REGISTRATION FORM

for youth and adults with disabilities

Date: _____

Participant Name ONE form per Adult Participant	Cell Phone	Alternate (Home/Work) Phone	Age
Address/ City	Apt. #	Zip Code	Birth Date
Parent/ Guardian	Cell Phone	Alternate (Home/Work) Phone	
Emergency Contact	Cell Phone	Alternate (Home/Work) Phone	
Email Address:		<input type="checkbox"/> I have an AR&LE Profile on file	
TRAIL Riders please check TRAIL Box YOUTH Softball (Mon. nights) - 151-A <input type="checkbox"/> \$70 Adult RECREATIONAL Softball (Tue. nights) - 152-A <input type="checkbox"/> \$70 Adult COMPETITIVE Softball (Tue. nights) - 152-B <input type="checkbox"/> \$70		SELECT YOUR T-SHIRT SIZE Youth T-Shirt Size: YS YM YL Adult T-Shirt Size: S M L XL 2XL 3XL 4XL	

➔ **INITIAL HERE—Waiver:** I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant(s) which are directly or indirectly attributable to the negligence, whether passive or active, of the City and their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge the City and their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

➔ **INITIAL HERE—Data Privacy:** The data supplied on this form will be used to enroll you in a recreation and/or social program. Some requested data is private. It is available to you and the City staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but City staff may not be able to complete your registration and/or you may not receive updated information.

Release Agreement: City staff takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation expressing my wishes.

➔ **Guardian Signature:** _____ **Date:** _____

PAYMENT INFORMATION		
Total: \$	Check #: _____ payable to: City of Bloomington	Cash: \$ _____
Cardholder's Name: _____	Signature: _____	
Credit Card Number: _____	Expiration Date: ____/____	CSV #: _____
REGISTER ONLINE: Visit Webtrac.BloomingtonMN.gov		