

ADAPTIVE ADULT AND YOUTH SOFTBALL



2016 ADAPTIVE SOFTBALL REGISTRATION FORM



One participant
per form

For Youth and Adults with disabilities

Participant Name	Home Phone	Work Phone	Age
Address/ City	Apt. #	Zip Code	Birth Date
Parent/ Guardian	Home Phone	Work Phone	
Emergency Contact	Home Phone	Work Phone	

Email Address: _____ I have filled out an ARLE Profile

Deadline to Register:
May 13, 2016

TRAIL Riders please check TRAIL Box

YOUTH Softball (Mon. nights) - 151-A..... <input type="checkbox"/> \$65	CIRCLE YOUR T-SHIRT SIZE
Adult CO-REC Softball (Tue. nights) - 152-A..... <input type="checkbox"/> \$65 <input type="checkbox"/> TRAIL	
Adult COMPETITIVE Softball (Tue. nights) - 152-B..... <input type="checkbox"/> \$65 <input type="checkbox"/> TRAIL	

Youth T-Shirt Size: YS YM YL
 Adult T-Shirt Size: S M L XL XXL

➔ **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.

➔ **Parent/Guardian/Participant Signature:** _____ **Date:** _____

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