



Softball Team Registration Form

Team Name/Sponsor:		League/Division:		Year:
Team Captain/Manager:		Email:		Phone:
Address:				Alt. Phone:
Sponsor Contact:		Sponsor Email:		Sponsor Phone:
Preferred Method of Contact (please number in order):		Call:	Text:	Email:
<p style="text-align: center;">Liability Release Statement: I hereby release the City of Harrisonburg from all claims for damages arising from any accidents from any injuries that are caused by or arise from participation of the applicant named on this registration form during the program or in any facility or at any location where a program is being held. I grant permission to use my photo in promotional material to promote the Harrisonburg Parks and Recreation Department.</p>				
Player's Name & Code	Signature	Phone Number	Address	
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Please return this form to:
305 South Dogwood Drive, Harrisonburg, VA 22801
Fax: 540-433-9169
Email: erik.dart@harrisonburgva.gov