

VIRGINIA BEACH PARKS AND RECREATION – SPORTS MANAGEMENT/ATHLETICS

ADULT SOFTBALL TEAM REGISTRATION/INFORMATION FORM

NOTE – THIS FORM IS ONLY FOR IN-PERSON SIGNUPS PAID BY CHECK OR MONEY ORDER MADE PAYABLE TO: **TREASURER, CITY OF VIRGINIA BEACH**
PLEASE COMPLETE ALL BLANKS. PLEASE WRITE LEGIBLY

COMPETITIVE \$600.00 RECREATIONAL \$525.00 LATE FEE \$50.00

TEAM NAME

LEAGUE NAME/ACTIVITY NUMBER/SEASON

HEAD COACH'S NAME

DOB

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP CODE

PRIMARY PHONE

CELL PHONE

AGREE TO RECEIVE TEXT MESSAGES?

CELL PHONE PROVIDER

ASST COACH'S NAME

DOB

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP CODE

PRIMARY PHONE

CELL PHONE

AGREE TO RECEIVE TEXT MESSAGES?

CELL PHONE PROVIDER

COMMENTS/
PREFERENCES/
SPECIAL
REQUESTS:

I, THE UNDERSIGNED MANAGER AND/OR COACH, AGREE TO PARTICIPATE WITH THE ABOVE TEAM DURING THE SEASON STATED OR UNTIL RELEASED BY SAID TEAM, ACCORDING TO THE RULES AND REGULATIONS GOVERNING THE LEAGUE.

I RELEASE ANY PERSON OR GROUP CONNECTED WITH THE TEAM OR LEAGUE AND THE CITY OF VIRGINIA BEACH DEPARTMENT OF PARKS & RECREATION FOR ALL LIABILITIES SUSTAINED FROM ANY AND ALL INJURIES BY ME WHILE PLAYING, PRACTICING, OR TRAVELING TO AND FROM GAMES.

SIGNATURE _____

DATE _____