

# LaSalle Recreation

## Adult Sports League Registration

PLEASE PRINT CLEARLY!

Team Name \_\_\_\_\_

Program \_\_\_\_\_ Program Code \_\_\_\_\_

Division (circle one if applicable) **Recreational** **Competitive**

### CONTACT INFORMATION

Managers Full Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Alternate Managers Full Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

### Liability Waiver

I understand that Adult Sports may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I expressly understand and agree that neither the Northern Valley Athletic Association, School District Weld RE-1, Town of LaSalle, a municipal organization, nor any of the officers, agents, volunteers, assistants or employees shall be held responsible or made subject to any claim seeking to assess damages or liability for or from personal injury or property damage to myself or other persons on whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. **I hereby agree to indemnify and hold harmless the Northern Valley Athletic Association, School District Weld RE-1, Town of LaSalle and their officers, agents, volunteers, assistants or employees on account of any such claims.**

### Forfeit Game Agreement

I, being a manager of a team in the LaSalle Recreation Adult Sports League, agree that without a 48 hour notice of a forfeit, a \$25.00 fee must be paid before the team will be allowed to play in the next scheduled match. **YOU MUST RECEIVE A CONFIRMATION FROM A TOWN OF LASALLE EMPLOYEE FOR IT TO BE CONSIDERED PROPER NOTICE!!!** No fee will be charged if the team gives a 48 hour notice to the Recreation Department. No forfeits will be rescheduled.

I, being the manager of this team, hereby state that the names of the players on the second page of this form are correct and that all players agree by the rules and regulations of this league.

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only**

Date Received \_\_\_\_\_ Staff \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Total Fees Paid \_\_\_\_\_ Total Fees Due \_\_\_\_\_

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Each player must read the following statement and then complete this form.

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### Town of LaSalle

### Recreation Department

### Adult Sports Player Information

Name (printed)

Phone #

Signature

1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

