

MCKINLEYVILLE PARKS & RECREATION

COED WOOD BAT SOFTBALL LEAGUE

TEAM ENTRY FORM

TEAM NAME: _____

MANAGER NAME: _____

MANAGER PHONE: _____

MANAGER EMAIL: _____

MANAGER ADDRESS: _____

PLEASE NOTE:

ALL GAMES WILL BE PLAYED AT THE HILLER SPORTS COMPLEX

**THIS FORM MUST BE SUBMITTED TO THE PARKS & RECREATION OFFICE
WITH THE \$700 ENTRY FEE FOR 12 PLAYER ROSTERS.**

**TEAMS WITH OVER 12 PLAYERS - *\$65/\$70 PER ADDITIONAL PLAYER –
LIMIT 16 PLAYERS PER TEAM - * *resident/non-resident***

MCKINLEYVILLE COMMUNITY SERVICES DISTRICT
Parks and Recreation
P.O. Box 2037, McKinleyville, CA 95519 - 839-9003
Adult Consent & Liability Release Form: Coed Wood Bat Softball League

I, the undersigned, understand that participation in some recreation activities is inherently hazardous, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist. I, the undersigned, certify that I am in good health and able to participate in activities for which I register and/or pay the program fee. I, the undersigned, hereby acknowledge that I am voluntarily participating and agree to assume any risks associated with my participation in the **Coed Wood Bat Softball League** sponsored by the McKinleyville Community Services District from July 1, 2023 - June 30, 2024, and fully understand participation in said program may expose participants to the risk of personal injury, death, or property damage. I hereby release, discharge, and agree not to sue the McKinleyville Community Services District for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in said programs from whatever cause, including the active or passive negligence of the McKinleyville Community Services District or other participants in said program. In consideration for being permitted to participate in said program, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless the McKinleyville Community Services District, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with participation in said program. I have carefully read this release, hold harmless, and agreement not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it on my own free will.

	Participant Name	Age	Signature	Date	Phone #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

2023

MCKINLEYVILLE COMMUNITY SERVICES DISTRICT (MCSD) Parks and Recreation

P.O. Box 2037, McKinleyville, CA 95519 839-9003

OFFICE CODE

2023

Youth Registration & Parental Consent Release and Waiver of Liability Form:

Basketball, Tot-letics, Futsal, KidsClub, KidsCamp, BreakOut, Pickleball, Dog Obedience, Dog Rally/Agility, Birthday Parties, Skating, Martial Arts, Dodgeball, Volleyball, Special Events, Dances, Softball, PlayGroup and other activities authorized by my payment.

I, the undersigned, attest that I am the stated minor's parent/legal guardian. As such, I hereby give permission for said minor to participate in any activity sponsored by McKinleyville Community Service District (MCSD). In consideration of the acceptance of an application on behalf of said minor for participation in any programs offered by MCSD, but not limited to any activity occurring from January 1, 2023- December 31, 2023, I fully understand said minor's participation in recreation programs may expose participant to the risk of personal injury, death, or property damage. I hereby acknowledge said minor will be voluntarily participating in specific programs authorized by my payment and, as such, agrees to assume any risks associated with said programs. I hereby release, discharge, and agree not to sue MCSD for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in any said programs from whatever cause, including the active or passive negligence of MCSD or other participants in said program. In consideration for said minor being permitted to participate in said programs, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless MCSD, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with said minor's participation in said program.

Furthermore, I have the legal right and hereby give permission for my son/daughter/ward to participate and be photographed /video taped in any activity sponsored by MCSD. I have the legal right to and hereby give permission for any use of photos or videos of said participant without limitation (including public release) or consideration.

I have carefully read this release, hold harmless, and agree not to sue MCSD or any of its affiliates and understand its contents. I am aware that this is a full release of all liability and I sign it on my own free will.

Please Print Clearly

Primary Guardian (Head of Household): _____ Date of Birth: ____/____/____
First Last

Primary Phone #: _____ Secondary Phone #: _____

Secondary Guardian (living at same address): _____ Date of Birth: ____/____/____
First Last

Primary Phone #: _____ Secondary Phone #: _____

Mailing Address: _____

City, State Zip: _____

Email address (required for online access): _____

Guardian Signature: _____ Today's Date: _____

Minor's Name: _____ Male ☐ Female ☐
First Last

Date of Birth: ____/____/____ Age: _____ Grade: _____ School: _____

Emergency Contact: _____ Phone (H): _____ (C) _____

Doctor's Name: _____ Phone: _____

Does child have a physical/medical or mental limitation? Allergies? ☐ Yes ☐ No If yes, explain below:

Residential Status

*based on address of individual completing form

Is your residence within the McKinleyville Community Services District service area? ☐ Yes ☐ No

If not, do you own property or a business within the service area? ☐ Yes ☐ No If yes, explain below:

THIS FORM FOR MINORS UNDER 18 ONLY

Business Name

Street Address