

HART COUNTY RECREATION DEPARTMENT ADULT SOFTBALL - 2010

PLEASE PRINT

Form must be completed in full before registration can be accepted.

TEAM NAME: _____ LEAGUE Men's Open, Church: Men's Women's Coed
(Circle One)

MANAGER'S NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____

E-MAIL ADDRESS _____ (C) _____

ASSISTANT MANAGER'S NAME: _____

PHONE: (H) _____ (W) _____

E-MAIL ADDRESS _____ (C) _____

THIRD CONTACT NAME: _____

PHONE: (H) _____ (W) _____

E-MAIL ADDRESS _____ (C) _____

Makes Checks Payable To:
HART COUNTY RECREATION DEPARTMENT or H.C.R.D

Amount Paid: _____ Receipt #: _____

Balance Owed: _____ H.C.R.D. Staff initials: _____

Date Paid: _____

Roster _____ Number on roster _____

TEAM NAME _____

RELEASE AND HOLD HARMELSS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow the rules, regulations, and instructions outlined by the staff of the Hart County Recreation Department, I am, to the best of my knowledge in good health and able to participate in the program.

I authorize the staff of the Hart County Recreation Department to organize required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment.

The undersigned hereby forever release, discharges, and covenants to hold harmless Hart County Recreation Department, the Hart County Board of Commissioners, Hart County, Georgia, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions, and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of participation in the recreation program sponsored by the Hart County Recreation Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This release and hold harmless agreement shall constitute a full and complete release of any and all claims.

AGE	NAME	ADDRESS	COUNTY <small>(Do you pay Hartwell City taxes)</small>	SIGNATURE
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			

AGE	NAME	ADDRESS	COUNTY <small>(Do you pay Hart City taxes)</small>	SIGNATURE
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

ALL ROSTERS MUST BE FILLED OUT IN FULL AND SUBMITTED BEFORE THE FIRST GAME TO BE CONSIDERED FOR PARTICIPATION.