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**ADULT CO-ED SOFTBALL**

**CO-ED Softball Summer Games!  
Find your team's! 10 players with 5 men and 5 women.  
Softball will start the second week in July.    The first meeting is June 7th at 6pm at the softball field located next to the golf course. Team sign-ups, rules, games, and field cleanup day will all be discussed at this meeting.  The fee is $35 per person, and you need to be on a team’s rooster (we can help find you a team).  Team captains need to be assigned, you will need 10 players 5 men, 5 women. Players need to be 16 years and older. Team Captain’s contact will be Randi Johnson (530) 640-3568.**

A picture containing baseball, text, design

Description automatically generated

**FEE:** **$35.00**

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Name First and Last

Man Women Email Address:

Address (street) (mailing)

City State Zip Home Phone

Person/Address/Phone to notify in an event of an emergency.

Another Person/Address/Phone to notify in an event of an emergency.

Doctor/Phone to notify in event of an emergency.

Adult Size Team Shirts:

XS Small  Small Medium Large XL Large XXL

**Share Picture consent for our Social Media Platforms**

**[] Yes []No**

**IMPORTANT!!!**

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (please print) Signature Date

(Parent if registrant is under 18)

**CONSENT FOR MEDICAL TREATMENT:**

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant.

Signature Date

(Parent if registrant is under 18)