

Miracle Movers Field Softball League Player Registration Form



Player Name:			PARKS & RECREATION	
MaleFemale	Date of birth:		1, 2015:	
Player Address:				
City:	State:	Zip:		
Player T-shirt size (circle	one): YS YM YL AS AM AL AX	L AXXL		
Disability/Level of Assista	nce Needed:			
Name of Mother/Guardian	·	Contact number:		
Name of Father/Guardian:		Contact number:		
Emergency Contact:		Contact number:		
Email address:				
Are any siblings participati	ing, if yes list:			
Special Requests:				
Plainfield Parks and Recreation participate in the Adaptive State behalf of the minor player, DISCHARGES AND COVENATHEIR employees, agents and in from all liabilities to the Released by the negligence of participating, observing or attractional participating, observing or attractional participation of the Release of the Release of the Releasor of t	on and their employees, agents and softball Program offered by Plair and his or her personal representatives, all of whom, for easor and the Releasee's personal representatives, all of whom, for easor and the Releasee's personal representatives, all of whom, for easor and the Releasee's personal representatives, while tending an event. The undersigned the each of them from any loss, like the Releasee's property or in a cerwise.	("Releasor") to Town of direpresentatives. In consideration of direpresentatives. In consideration of direct direct and Recreation, the understatives, heirs and next of kin, RE of Plainfield, Indiana, Plainfield Parks purposes of this Release, are referred representatives, heirs, next-of-kin, for injury to the person or property of the Releasor is in or upon the Releasor Releasor agrees to INDEMNIFY AN ability, damage or cost that they mighly way participating in an event whe stake photos of participants in program otos may be used in future program on.	f being permitted to ersigned, for and on ELEASES, WAIVES, and Recreation and id to as "Releasees," or any and all loss or a Releasor, whether easee's property, or D SAVE AND HOLD ght incur due to the ther caused by the rams and at special	
Registration Fee \$20	2			
Payment Information:	For Office U cash check Visa	•		
Check #:	cash check visa Date:			