

Waldoboro Recreation Department

Adult CO-ED Softball Registration

League coordinator: Rec. Dir. Kyle Santheson, office: 832-5369 (x308), e-mail: waldobororec@adelphia.net

Location: Waldoboro Little League Field, Medomak Valley High School or Philbrook Field, Waldoboro

Time: Games will be played on weekday evenings and Sunday afternoons. Teams play twice a week.

Dates: League play begins Aug 22, 2007 and concludes with a playoff tournament on Oct 6/7.

Ages: This league is primarily for older adults. The league will accept any adult (18 and out of HS) player as long as the average age of the lineup on game day is at least 30.

Teams: Unlimited roster per team, 10 players on field at a time, (3 must be woman), all players in dugout bat, men must use wooden bats only. *See rules for other restrictions*

Fee: \$15 per person is due with registration or when a complete roster is submitted. Teams will not be eligible for play until payment is received.

Program notes: There have been many CO-ED teams, leagues and tournaments that are extremely competitive. This league will not be one of those. This league will truly be a recreation league with emphasis on having some fun and enjoying the game of softball. This is a no-umpire, no alcohol league. Playing rules have been established and are available at the Waldoboro Town office. Please feel free to call the Recreation Director with any questions at 832-5369 (X308).

All forms and fees must be returned to the Waldoboro Town Office, or mailed to P.O. Box J, Waldoboro, ME 04572 no later than Monday August 10th 2007!

- Use the front side of this form if you are not part of a team.
- If you are signing up as part of a team, make sure that you are listed on a team roster. Team rosters are included on the back side of this form. ALL PLAYERS must be registered to play, either as individuals or included on a team roster.

CO-ED SOFTBALL PLAYER REGISTRATION FORM - 2007

Name: _____ Age: _____

Phone H: _____ W: _____ C: _____ e-mail: _____

Address: _____ Town: _____

In consideration of being permitted to participate in any program or activity offered by the Waldoboro Recreation Department, I agree to waive and release any and all claims I may have against the Town of Waldoboro Recreation Department, Waldoboro Little League and MSAD 40. This includes its agents, employees, paid and non-paid volunteers, officers, and the chaperones, leaders, organizers and sponsors. I understand that although a physician's examination is not required for registration, it is highly advisable that any participant consults with a physician before participation in athletic and strenuous activities.

SIGNATURE _____ Date: _____

FEE PAID: cash _____ check _____ Received by: _____ Date: _____

WALDOBORO CO-ED SOFTBALL TEAM REGISTRATION FORM - 2007

Team Name: _____

By signing this form, you agree not to hold the Town of Waldoboro nor anyone connected with this program responsible for any accidents or injuries sustained in connection with this program.

Name	Age	Home Phone	Cell/Work Phone	Signature	Address/Town
1. _____ (team captain)	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____	_____

Use additional roster sheets if necessary.