

# DES MOINES PARKS & RECREATION DEPARTMENT

## 2009 Fall Softball Adult League Application

FOR OFFICE USE ONLY

Amt. Paid \_\_\_\_\_  
Cash \_\_\_\_\_ Check \_\_\_\_\_  
Date \_\_\_\_\_  
Received By \_\_\_\_\_  
Receipt No. \_\_\_\_\_

Registration for the 2009 FALL SOFTBALL LEAGUES sponsored by the City of Des Moines Parks and Recreation Department will be open from 8:00 a.m. Tuesday, July 14<sup>th</sup>, 2009 through 5:00 p.m. Thursday, August 13<sup>th</sup>, 2009. League play begins Monday, August 24<sup>th</sup>, 2009. Choice of play is offered weeknights and Sundays for both men's & coed slow-pitch leagues. Entry fee is \$185.00 for a seven-game schedule. Teams play once a week. For additional information, please call the Leisure Sports Office between 8:00am and 5:00pm, Monday thru Friday at 248-6310.

TEAM NAME \_\_\_\_\_ MANAGER'S NAME \_\_\_\_\_

Email Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**MARK DIVISION:** MEN'S SLOW PITCH \_\_\_\_\_ COED SLOW PITCH \_\_\_\_\_

**MARK BELOW YOUR TEAM'S 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> NIGHT CHOICE OF PLAY:**

*(99% of the time you will get your 1<sup>st</sup> or 2<sup>nd</sup> choice.)*

Sun Early \_\_\_\_\_ Sun Late \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_  
*(11am to 4pm) (2pm to 6pm)*

Rosters must be in before the first game. Most games will be played at the  
Greater Des Moines Softball Complex, 4980 NE 46<sup>th</sup> St or Savage Softball Complex, 2601 Hubbell Avenue.

Remarks and brief description of team's softball skills:

"I assume all responsibilities, including maintaining player conduct, obeying eligibility rules, financing this team and informing players of league rules."

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to: City of Des Moines Parks & Recreation

Entry Fee: \$185.00 for 7-Game Schedule

**BRING OR MAIL TO:** Des Moines Parks & Recreation  
Leisure Sports Office  
3711 Easton Blvd  
Des Moines, Iowa 50317  
Phone: 248-6310

**Entry Deadline: 5:00pm, Thursday, August 13<sup>th</sup>, 2009**

**TEAMS MAY ENTER MORE THAN ONE LEAGUE!!!**

**LEAGUE COORDINATOR: George Davis – 248-6310**



**CITY OF DES MOINES, IOWA**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of my being permitted to participate in any way in this Program/Activity, I, for myself and all of personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasers", do hereby:

1. Acknowledge that this Program/Activity may be a major test of a person's physical and mental limits and carries with it the potential for serious injury, death and/or property damage, and certify as to my physical fitness to participate and declare that I have not been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that I will, at all times, be aware of the surroundings during the Program/Activity and agree that if I consider anything related to this Program/Activity to be unsafe, will immediately advise the Program/Activity officials of such, and if necessary, will leave the area or refuse to participate further in the Program/Activity.
3. Waive, release and discharge, and covenant not to sue, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this Program/Activity, hereinafter referred to as "City", from any and all liability to Releasers for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in death arising out of or related to the Program/Activity, including traveling to or from the Program/Activity.
4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to my participation in this Program/Activity.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Program/Activity.
6. Agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends, to all acts of negligence by the City and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted as a participant in this Program/Activity.

**YOUR SIGNATURE ON THE FRONT OF THIS FORM SHOWS YOUR CONSENT AND AGREEMENT TO THE ABOVE.**