



ADULT SPORTS REGISTRATION

Return Application With Fee To:

Jacksonville Parks & Recreation
5 Municipal Drive
Jacksonville, AR 72076

Team Name:			
Sport:	<input type="checkbox"/> Softball	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Kickball <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball
League Type:	<input type="checkbox"/> Men	<input type="checkbox"/> Women	<input type="checkbox"/> CO-ED
Division of Play:	<input type="checkbox"/> Church	<input type="checkbox"/> Open	
Preferred Division of Play:	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower	
Has the team played in Jacksonville before:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Manager First/Last Name:			Signature:
Phone Number:			
Mailing Address:			City: Zip:
Physical Address:			City: Zip:
Email Address:			
Assist Mgr First/Last Name:			Signature:
Phone Number:			
Mailing Address:			City: Zip:
Physical Address:			City: Zip:
Email Address:			

JACKSONVILLE PARKS & RECREATION LIABILITY RELEASE:

My signature confirms that I hereby release and forever discharge the Jacksonville Parks & Recreation Department, the City of Jacksonville, and their employees from any and all manner of claims, causes of action, or liability, which may exist or may exist at any time in the future, arising out of or pertaining to any injury, loss, damage, or harm of any kind which has, will or may result or occur while participating in this program.

**** PLEASE COMPLETE TEAM ROSTER ON OTHER SIDE ****

First/Last Name:	Phone #:	Shirt Size:	Signature:
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