



## Brookfield Parks, Recreation & Forestry Department

### Adult Softball Player Contract Form

# 2023

**TEAM NAME:** \_\_\_\_\_

Last Name		First Name		
DOB: Mo/Day/Yr				
Resident Street Address		City		Zip
Phone	T-Shirt Size (for awards)	E-mail Address		

**City of Brookfield Residents: A copy of a valid I.D. must be submitted with this form for Proof of Residency. If a copy is not provided, you will be considered a non-resident for registration purposes.**

I agree to abide by the rules established by the Brookfield Parks & Recreation Department governing this program which my team manager has or will convey to me prior to league competition. By signing this form, I verify that all information listed is accurate and I understand that any false information listed will result in my suspension and also my manager's suspension from the program along with a forfeiture of fees paid. Furthermore, I am aware of the potential risks inherent with participation in this activity and that the City of Brookfield does not carry insurance on program participants, and I will not hold the City, its officials, the team manager or sponsor responsible for any injuries I might receive as a result of my participation.

Player's Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

- ◆ I hereby assume responsibility for and attest to accuracy of this application for participation in the Brookfield Parks & Recreation Department sponsored league. Last day to add players to a roster: **July 6, 2032**. A player cannot be an official member of more than one team on any league night.

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

Comments: \_\_\_\_\_

STAFF USE ONLY: REC'D BY \_\_\_\_\_ DATE \_\_\_\_\_