

**Kankakee Valley Park District
2024 Softball League Team Registration**

Register online at www.kvpd.com,
or call 815-939-1311.

PLEASE PRINT OR TYPE (Check the box for the league you are registering for)

Spring League Tues-Church Wed- Men's Thurs-Coed

Summer League: Tues-Church Wed-Men's Thurs-Coed

Fall League: Tues-Church Wed-Men's Thurs-Coed

TEAM NAME: _____

MANAGER NAME: _____ (Cell #) _____ (Home #) _____

ADDRESS: _____ EMAIL (Mandatory) _____

TEAM MANAGER-PLAYER WAIVER

The BELOW SIGNED and undersigned acknowledge and agree to the following conditions for their team, in return for using a KVPD facility:

"As a participant in the softball program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the softball programs."

"I agree to waive and relinquish all claims I may have as a result of participating in the softball program against the Kankakee Valley Park District and its officers, agents, servants, employees and their beneficiaries."

"I do hereby fully release and discharge the Kankakee Valley Park District and its officers, agents, servants, employees including death, damages or loss which I may have or which may occur to me on account of my participation in the softball program."

"I further agree to indemnify and hold harmless and defend the Kankakee Valley Park District and its officers, agents, servants, employees and their beneficiaries from any and all losses sustained from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the softball program."

"I also agree that the K.V.P.D. maintains authority over all activities on Park District property and I will reimburse the Park District for any damage to the District's property through misuse or deliberate action with malice."

I understand too, that as manager of the team listed above, that I must know the rules of the leagues as outlined in the LEAGUE CONSITUTION and am responsible for communicating these rules to my players, team's families and team fans and responsible for the actions of my players during the season.

As manager, I agree to complete my TEAM ROSTER in full with all names, addresses and phone number and turn it to the ADMINISTRATIVE OFFICE BEFORE our first game of the season. All ADDITIONAL PLAYERS added must be physically added to the roster by the Site supervisor before they play in the league.

"I have read and fully understand the above Waiver and Release of All Claims."

DATE: _____ MANAGERS SIGNATURE: _____

OFFICE USE ONLY: Provided insurance option ___ Yes ___ No

**Kankakee Valley Park District
2024 SOFTBALL LEAGUE TEAM ROSTER**

**Register online at www.kvdp.com,
or 815-939-1311 by phone.**

PLEASE PRINT OR TYPE

DIVISION: _____

TEAM NAME: _____

MANAGER NAME: _____ (Cell #) _____ (Home #) _____

ADDRESS: _____ EMAIL (Mandatory) _____

TEAM AND INDIVIDUAL PLAYER WAIVER

The BELOW SIGNED and undersigned acknowledge and agree to the following conditions for their team, in return for using a KVPD facility:

“As a participant in the softball program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the softball programs.”

“I agree to waive and relinquish all claims I may have as a result of participating in the softball program against the Kankakee Valley Park District and its officers, agents, servants, employees and their beneficiaries.”

“I do hereby fully release and discharge the Kankakee Valley Park District and its officers, agents, servants, employees including death, damages or loss which I may have or which may occur to me on account of my participation in the softball program.”

“I further agree to indemnify and hold harmless and defend the Kankakee Valley Park District and its officers, agents, servants, employees and their beneficiaries from any and all losses sustained from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the softball program.”

“I also agree that the K.V.P.D. maintains authority over all activities on Park District property and I will reimburse the Park District for any damage to the District’s property through misuse or deliberate action with malice.”

I understand too, that I must know the rules of the leagues as outlined in the LEAGUE CONSITUTION and am responsible for asking the team manager or site supervisor if I have any questions about any rules. I am responsible for my actions and also the actions of my family and fans during the season.

“I have read and fully understand the above Waiver and Release of All Claims.”

MANAGERS MAY PRINT ALL NAMES AND ADDRESSES ON ROSTER. ORIGINAL SIGNATURES ONLY.

ALL PLAYERS MUST SIGN ROSTER BEFORE THEY CAN PLAY IN THE LEAGUE.

PLEASE COMPLETE AND SIGN ROSTER ON OPPOSITE SIDE

