



WOMEN'S FUN SOFTBALL LEAGUE 2016

PLEASE FILL OUT AND SEND IN TO:
DURHAM RECREATION
P.O. BOX 428
DURHAM CT 06422



FEE 30.00

TEAM NAME THAT YOU WILL BE PLAYING ON _____

DO YOU NEED TO BE PLACED ON A TEAM YES _____ NO _____

GAMES WILL START JULY 6TH
GAMES WILL BE PLAYED IN DURHAM

Amount of check _____ Check number _____ Make check out to Durham Recreation

PLAYER'S NAME PLEASE PRINT CLEARLY!

LAST NAME _____ FIRST NAME _____

ADDRESS _____

TOWN _____

ZIP CODE _____

PHONE# _____

CELL # _____

E-Mail _____

EMERGENCY CONTACT _____

PHONE# _____

Please list any medical problems concerning you. Including allergies or medications:

I hereby give permission for the above Person to participate in the Durham Recreation Women's Softball League. Programs are sponsored by the Durham Recreation Department. I certify that I /he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Signature _____ Date _____