

Therapeutic Recreation for the Disabled, Inc.

Adult Softball League Player Registration Form

Registration Fee: \$20 (checks payable to Therapeutic Recreation)

**Registration Deadline:
Friday, April 8th 2022**

Participant's Name: _____

Please indicate 1st and 2nd choice of time slot: _____ **6:00pm** _____ **7:30pm**
(All your games will be played at this time)

Primary Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant's Email: _____ Date of Birth: _____

Male Female Uniform Shirt Size: S M L XL XXL XXXL

EMERGENCY INFORMATION:

Emergency Contact: _____ **Phone:** _____

***Questions???* Call our hotline to obtain the latest information or leave a message: 513-275-9903**

Should a participant need medical treatment, please provide any necessary medication information, including medications (on a separate sheet/document) to be shared with an emergency responder.

I acknowledge that I, the participant, (or authorized guardian) will be using the facilities and participating in this softball league at my (his/her) own risk and I hereby release Therapeutic Recreation for the Disabled, Inc., and its employees and volunteers from liability due to bodily injury and/or damage to property of the participant. I understand that every effort is made to protect the safety of each participant, however, there is risk of injury due to the nature of the activity. I recognize that this program is being conducted in the midst of the COVID pandemic and although the league is taking precautions to attempt to limit the spread of the disease, there is still risk of contracting the virus. By signing below, I assume this risk knowing that I am actively choosing to participate in this program under these conditions. I furthermore understand that efforts will be made to contact the emergency contact provided above in the event of an emergency, however, if an emergency, contact cannot be made, by signing below, I hereby authorize an agent or designee of Therapeutic Recreation for the Disabled, Inc. to take such measures and arrange for medical and/or hospital treatment in my behalf. Also, by signing/initialing below, I understand that my likeness or photos of myself may be used in publicity, brochures or other media.

Name (printed)

Signature (participant or authorized agent)

Date

Initials (if completing electronically)

NOTE: payment must be received in-person at facility prior to participation

Please mail this form with \$20 registration fee to: TRD Softball 80 Stone Meadow Ct. Fairfield, OH 45014

Email the electronic application to: dacubs6@gmail.com

First practice will be on Friday, April 1st – plan to arrive for practice at the same time as your 1st choice session time slot above unless we've communicated a different session time slot to you.

All practices and games take place at the Joe Nuxhall Miracle League Fields: 4850 Groh Lane Fairfield, OH 45014