

OFFICE USE ONLY: Birth Certificate \_\_\_\_\_ League Age \_\_\_\_\_ League \_\_\_\_\_  
Fees Paid \_\_\_\_\_ Received By \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

**ROLESVILLE PARKS & RECREATION DEPARTMENT  
REGISTRATION FORM**

Participant\* \_\_\_\_\_ Activity: **Adult Softball League**

Male \_\_\_\_\_ Female \_\_\_\_\_ Current Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Nick Name \_\_\_\_\_

Shirt Size (circle one) YS YM YL AS AM AL AXL AXXL

Street Address, City, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Fees: **\$40**

**WAIVER**

I/we hereby assume all risks and hazards incidental to such participation in and transportation to and from the activities listed above. I release, above, and indemnify the Town of Rolesville, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I/we certify that we have read and agree to the terms stated above and that the information is correct to the best of my/our knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date