

REGISTRATION FOR CITY SPONSORED LEAGUE
FREE AGENT LIST

League Name: Fall Softball 2017

\$ 20.00 Non-Resident Fee Per Player (\$50 Max./Yr.)

*Refundable if free agent not acquired by end of season

8/7/17 League Play begins

Make checks payable to: **CITY OF OAK RIDGE**

A complete registration packet includes:

- Registration Form (front and back)
- All non-resident fees or proof of residency for Oak Ridge residents

Name: _____

Address: _____ Phone: (h)_____ (w)_____

Email Address: _____ Zip: _____

In which leagues do you want to participate? (Circle all that apply): MEN'S CO-ED WOMEN'S

Playing Ability/Experience (1-10 scale; 1 lowest, 10 highest) _____

To be completed by Recreation and Parks Staff

Date: _____

Amount Paid: _____ (non-resident fee if applicable)

Deposit in account #: 975.5611.25
Non-Resident fees

Receipt/check #: _____ Received by: _____

Residence verified OR non-resident fee paid? Y/N Staff Initial _____

(Side 2 Must Be Completed)

In registering as a free agent for the 2017 City of Oak Ridge softball leagues, I understand that league policies and procedures must be adhered to at all times if I am acquired by a league team. I further understand that failure to comply with league rules could result in disqualification from the league.

Initial _____

I understand that the City of Oak Ridge Department of Recreation & Parks cannot guarantee that I will be acquired as a free agent by a team. Acquisitions are entirely at the discretion and need of team captains, and the Rec & Parks Department will not force a team to acquire any free agents. I also understand that if I am acquired by a team, I become a member of that team for the remainder of the season, and cannot join another team in the same league. **(For non-residents: My non-resident fee may be refunded at the end of the season if I am not acquired by a team, or can be held for the purpose of being added to the free agent list of another league should I choose to do so.)**

Initial _____

I understand that the free agency lists will be created by league and division at the discretion of the City of Oak Ridge Department of Recreation & Parks, based on the playing ability rating that I provided above, and total participation numbers. I further understand that once division assignments are made, I **may participate** in either the division to which I am assigned, or a higher division. I also understand that I **may not participate** in a division lower than the one to which I am assigned.

Initial _____

I, whose name is listed on the same line with my signature below, fully understand the risk of injury arising from my participation in softball. I hereby assume all risks and hazards incidental to such participation, including transportation to and from all activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless the City of Oak Ridge, organizers, sponsors, supervisors, and participants, for any claim or injury or liability that may hereafter arise as a result of participating in softball. I make this agreement on behalf of myself, my heirs, and my estate. I also grant permission to managing and/or coaching personnel or other department representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including minor surgery, deemed necessary by a duly licensed physician should I become ill or injured while participating in softball.

Signature: _____

Printed Name: _____

Date: _____