

Playa Vista Adult Softball: Registration Form

Team Name: _____

Captain's Name: _____

Player's Full Name: _____ Date Of Birth: _____

Age: _____ Male: Female:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Mailing Address: _____

Physical Address (if different from above) : _____

TEAM FORMATION QUESTIONS FOR INDIVIDUAL PLAYERS ONLY:

- 1. How many years have you played softball and/or baseball? _____
- 2. Rate yourself as a player:
 - Division I** (Excellent/Very good)
 - Division II** (Good but it's been a while since I played)
 - Division III** (I used to have my own glove)
- 3. What positions can you play? _____
- 4. Please provide the name of a player(s) that you would like to request be on your team (if applicable)

*******WAIVER AND MEDICAL RELEASE*******

I _____ will assume the responsibility for any medical treatment that I might need if any injury occurs while participating in the athletic events or during transportation to and from the games. Furthermore, I herewith release the city of Playa Vista, its servants and agents, and Coach Derek Inc from any and all liability.

PLAYER'S SIGNATURE _____ DATE _____

Please submit your payment by check (made payable to Coach Derek Inc.) along with signed copy of this form via mail to:

**Coach Derek Inc.
2711 N Sepulveda Blvd Suite 211
Manhattan Beach CA 90266-2725**

(An online payment option will be available shortly)

*******OFFICE USE ONLY*******

Fee paid: \$ _____ Check: _____ Check #: _____ Cash: _____ Receipt #: _____

Initials: _____