



**Women's Adult Softball League
Registration Form
2022
Ages 16+**

2022	Fees	For Official Use Only
Player 1	\$150.00	

Player Last Name:	Player First Name:	Birthdate:	Age as of June 1, 2022
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Street Address:	City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Emergency Phone:
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Parent/Guardian Names:	Primary Email:
Parent/Guardian Names:	Secondary Email:

Shirt Size: AS AM AL AXL Other _____

Select Division for 2022

A "A" Division B "B" Division

Was the player a **Regular Pitcher** for the 2021 Season? Yes No

Was the player a **Regular Catcher** for the 2019 Season? Yes No

in High School? name the school:	Played in college? If so, name the school:	Played for the Crown Point PACE Department Softball in 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what division and team?
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Managers and Coaches		
Please consider being a team manager or coach. We also need volunteers for our coordinator positions in each division. <i>Please fill out our volunteer form.</i>	My wishes are to: <input type="checkbox"/> Manage a Team <input type="checkbox"/> Assistant coach for a team	I willing to assist at a coordinator: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please print your name:</i>		

Interested in Sponsorship	ASK FOR SPONSORSHIP FORM	For Official Use Only
Sponsor's name		Subtotal
Phone Number		Amount Paid
Name of Sponsor Company		Balance Due
Age Division of sponsorship		Receipt Number
Mail Registration form to: Crown Point PACE Department Attn: John Stroia 183 S. West St. Crown Point, IN 46307	Make Checks Payable to: City of Crown Point Contact John Stroia at: 219-661-2271 jstroia@crownpoint.in.gov	Check Number
		Cash
		Credit Card
		RECEIVED BY:

PLEASE SEE BACK FOR IMPORTANT WAIVER INFORMATION →

Waivers and Important Information

Initials

The UNDERSIGNED does hereby acknowledge that their participation in said entertainment, activity and/or meeting, program is strictly voluntary action on their part; that in the case that said program may pose a threat to their personal health; and that the undersigned will hold the City of Crown Point harmless from any and all claims; or whatsoever type in nature, arising from any injuries or other harm suffered from participation in said program. The undersigned further releases and indemnifies the City of Crown Point from any and all claims from participation in said program and further represents that said release from liability shall also bind their heirs, survivors, beneficiaries, and representatives.

The UNDERSIGNED also acknowledges that the City of Crown Point will use its Blackboard Connect Mass Notification system to notify participants of important League and schedule information. Methods of transmittal include text messaging, email and phone calls. The City is not responsible for any charges incurred by the transmittal of this data. In the event that the registrant wishes to opt out of the notification process, you may do so by contacting 219-663-0788.

Photo Policy: On occasion Crown Point PACE Department staff and local media may take photographs and/or video of activities at the Sportsplex. Please be aware they may be used for future publications or media.

Initials

Novel/Corona/Covid-19—Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for the City of Crown Point and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render the City harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.

Initials

Initials

Refund Policy: No refunds after April 15, 2022.

I have read and understand the terms listed above.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date