



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS
MUNICIPAL SPORTS OFFICE
FALL / WINTER 2009-2010 SENIOR SOFTBALL LEAGUE

REGISTRATION – INDIVIDUAL
MEN MUST BE 55 PLUS YEARS OLD TO PLAY, WOMEN 45 PLUS.
(Age as of October, 2009)

REGISTRATION RUNS UNTIL 9/24/2009
(After this date applicants will be put on a waiting list)

FEE: \$30.00

FIRST NAME: _____ **LAST NAME:** _____

STREET ADDRESS: _____ **APT. #:** _____

CITY: _____ **ZIP CODE:** _____ **Email** _____

HOME PHONE: (____) _____ **CELL/WORK(____)** _____

DATE OF BIRTH: _____ **TEAM PLAYED FOR Spring/Summer 2009** _____

Would you like to be considered as a team manager this season? YES:_____ NO:_____

List any Thursday game dates you cannot play: _____

Do you need a base runner when you bat? If so, from home to 1st base_____ From 1st base on_____

Are you a new player to our Municipal Sports Senior Softball League? YES:_____ NO:_____
New players need to be evaluated so that teams can be competitively balanced. All New players must attend evaluation (bring your glove) at Hjelte Diamond #4 on Thursday, 9/24/09, 4:30pm.

POSITION(S) YOU PLAY: 1._____ 2._____ 3._____

INFORMED CONSENT:

I, the undersigned, hereby agree to defend, indemnify and hold harmless the City of Los Angeles and its officials, employees and agents from and against any and all loss, damage, liability, charges and expenses (including attorney fees) and causes of action of whatsoever character which may arise by reason of participation in this Municipal Sports Softball Program or be in any way connected therewith. The City of Los Angeles does not provide accident, medical, liability or any other insurance for this softball program's participants.

I understand that I am participating in this softball program with full responsibility for assumed risk. I further attest that I am physically fit and in sufficient condition to participate in senior softball league play.

SIGNATURE: _____ **DATE:** _____

Make check payable to: L.A. CITY DEPT. RECREATION & PARKS -- Or Pay by Credit Card:

<u>CREDIT CARD PAYMENT:</u> Cardholder Name: _____ Amount: \$ _____ Card #: _____ Exp. Date: _____ Signature: _____ Verification Code (Last Group of Numbers on Signature Panel on Back of Card): _____ Billing Zip Code: _____
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Mail To: VALLEY MUNICIPAL SPORTS
6911 LAURELGROVE AVE.
NORTH HOLLYWOOD, CA 91605

For further information call: (818) 765-0284
A limited number of scholarships are available. Contact the office for information.

LEAGUE STARTS: THURSDAY, October 15, 2009 AT: HJELTE SPORTS CENTER, ENCINO
16200 Burbank Bl., Between Woodley & Havenhurst

OFFICE USE ONLY

CR: _____ AMOUNT: _____ DATE PAID: _____
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