



ROGERSVILLE COMMUNITY PARK 2024 ADULT SOFTBALL



PLAYER REGISTRATION

PLAYER NAME: _____

PLAYER REGISTRATION FEE: \$35.00 (PILOT

SPORT PRICE) NON-REFUNDABLE

DOB: _____ AGE: _____ CIRCLE ONE: MALE FEMALE

T SHIRT SIZE (CIRCLE ONE)

A/SM A/MED A/LG A/XLG A/2XLG A/3XLG OTHER _____

ADDRESS: _____

STATE: _____ ZIP: _____ RESIDE IN ROGERSVILLE CITY LIMITS? YES NO

PRIMARY PHONE # _____ E-MAIL: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CONTACT PHONE #: _____

REQUESTED COACH/TEAM CAPTAIN (NOT GUARANTEED):

SPECIAL REQUESTS (NOT GUARANTEED):

REGISTRATION BEGINS MARCH 18TH AND ENDS MAY 17TH

OUR SIX WEEK SOFTBALL PROGRAM WILL BEGIN FRIDAY JUNE 21ST AND GO UNTIL JULY 26TH.
GAMES WILL BEGIN AT 6PM AT COUNTY LINE ROAD PARK.

**ADJUSTMENTS TO THE GAME SCHEDULE MAY BE MADE DUE TO RAIN AND/HEAT AND MAY
CHANGE DUE TO THIS BEING A BRAND-NEW PROGRAM. CHANGES MADE WILL BE RELAYED
TO THOSE SIGNED UP AS SOON AS POSSIBLE.**

ALL PLAYERS NEED TO COMPLETE THE REGISTRATION FORM AND LIABILITY WAIVER AND
SUBMIT THE \$35.00 REGISTRATION FEE TO ROGERSVILLE CITY HALL LOCATED AT 211 E. CENTER
ST, ROGERSVILLE, MO 65742. PLEASE MAIL FORMS TO P.O. BOX 19, ROGERSVILLE, MO 65742.

MAKE ALL PAYMENTS TO THE CITY OF ROGERSVILLE. REGISTER ONLINE AT
<https://www.teamsideline.com/sites/rogersvillemo/home>

FOR ANY QUESTIONS CONTACT US AT 417-988-0810

OR MMILLER@ROGERSVILLEMO.ORG



ROGERSVILLE PARKS AND RECREATION

YOUTH LIABILITY WAIVER

In consideration of your acceptance of this entry, I, as the listed Participant or for my child if listed as the Participant, intending to be legally bound hereby for myself, my heirs and assignees, waive any/all claims for any damages which I and/or my Participant child may have against the City of Rogersville and/or any other sponsors and/or their employees and/or agents for any injuries suffered by me or my Participant child in this event, including those which may be attributed to weather conditions. I attest that I and/or my Participant child are physically fit and have sufficiently trained for the completion of this event. I agree to receive e-mail communications from the City of Rogersville. I give permission for me and/or my Participant child to be photographed or videoed while participating in City of Rogersville activities and for those photos and videos to be used for promotional purposes. I have read the entry information provided and certify me and my Participant child's compliance by my signature below. If there is an emergency on the racecourse, please call 911.

PARTICIPANT SIGNATURE (IF OVER 18):

X _____

IF PARTICIPANT UNDER 18, PARENT OR GUARDIAN SIGNATURE:

X _____

FOR ANY QUESTIONS OR CONCERNS, PLEASE CONTACT THE PARK DIRECTOR AT 417-988-0810
OR KROBERTSON@ROGERSVILLEMO.ORG

