

South Kingstown Parks and Recreation Wiffle Ball League 2019

Team Name _____ Division (Circle One): 5th-6th Grade, 7th-8th Grade, 9th-12th Grade, Adult

Players Name	
1.	Phone:
Email:	Signature:
2.	Phone:
Email:	Signature:
3.	Phone:
Email:	Signature:
4.	Phone:
Email:	Signature:
5.	Phone:
Email:	Signature:
6.	Phone:
Email:	Signature:

99% of information for all leagues will be sent out through e-mail this year. This includes schedules, cancellations and rain make-up dates. You MUST supply an e-mail for each player.

TEAM FEE: \$150.00

Fee is based on 8 game regular season and playoff games and needed equipment.



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other DEPICTIONS) FOR PUBLICIZING South Kingstown Park and Recreation Department activities.

In CONSIDERATION of the acceptance of the application for entry into the class or activity listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said class or activity. This release is intended to discharge in advance the Town of South Kingstown, the Town Council, the South Kingstown Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said class or activity. I have read the description in the brochure of the class or activity for which I have registered and I am aware that this class or activity subjects me to physical risk and dangers. Nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.