



City of Seal Beach Recreation and Community Services



TEAM APPLICATION, ROSTER AND RELEASE OF LIABILITY

TEAM NAME:

SEASON: Spring Summer Winter Fall

LEAGUE: Basketball Softball Men's Coed

SKILL LEVEL: Novice Intermediate Intermediate plus Advanced

IS THIS A RETURNING TEAM? No Yes TEAM NAME:

1ST NIGHT PREFERNCE: MON TUE WED THUR FRI SUN

2ND NIGHT PREFERNCE: MON TUE WED THUR FRI SUN

WEEKDAY TIME PREFERNCE: 6:30-7:35pm 7:40-8:45pm 8:45-10:00pm Any

WEEKEND TIME PREFERNCE: 6:30-7:35pm 7:40-8:45pm 8:45-10:00pm Any

SCHEDULE REQUEST(S):

(An effort will be made to accommodate your request, however, requests are not guaranteed)

MANGER'S INFORMATION

First Name: Last Name:

Email:



Phone #1: Phone #2:

Address: City: Zip:

PAYMENT INFORMATION

Registration with credit card payments may be submitted via email (kortiz@sealbeachca.gov or communityservices@sealbeachca.gov) or fax (562) 430-3498. Cash or check payments must be submitted at Seal Beach City Hall, Recreation and Community Services Department, 211 8th Street, Seal Beach, 90740 along with the registration form. Please make checks payable to **CITY OF SEAL BEACH**. To reserve a spot in the league you must either pay the full amount or a \$50 deposit with the **remaining balance due before the first game**.

Amount: \$350 (Basketball) \$400 (Softball)
 \$50 Deposit (to reserve spot on schedule)

VISA  CHECK #: _____ CHECK DATE: _____
 MASTERCARD  CASH

CARDHOLDER'S NAME: MI: LAST NAME:

CREDITCARD # EXP DATE: /

SIGNATURE: _____ DATE: _____

Finance Code 001-000-30650

CITY OF SEAL BEACH ADULT SPORTS TEAM ROSTER

I, the undersigned, fully understand that participation in the Adult Sports Leagues is a dangerous activity which exposes me to the risk of personal injury, death, and damage to my property. I hereby agree to assume any and all such risks. In consideration for being permitted to participate in the Adult Sports leagues, I hereby agree for myself, my heirs, my beneficiaries, administrators, executors, and assigns to release, hold harmless and indemnify the City of Seal Beach, its officers, employees, agents, representatives, umpires, and volunteers from any and all liability, claims, and actions for any injury, death, and damage to personal property arising out of or in connection with my participation in the Adult Sports Leagues from whatever the cause including the active or passive negligence of the City of Seal Beach, its officers, employees, agents, representatives, or volunteers. I have carefully read this release, hold harmless and indemnity agreement and fully understand its contents. I understand that it is a full release of all liability and sign it of my own free will. I, the undersigned, also understand that I must sign this agreement prior to my participation in the Adult Sports Leagues. The City of Seal Beach Community Services Department may take and use photos of participants for publicity purposes. I hereby grant the City of Seal Beach permission to publish any images taken by the City showing my participation.

Team Name:	Manager Name:
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FIRST NAME	LAST NAME	SIGNATURE	ADDRESS	CITY	ZIP CODE	PHONE	EMAIL
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