

**Crested Butte Parks and Recreation
Softball League 2021
Team Information**

Team Name: _____

Team Sponsor: _____

Team Captain: _____

E-mail: _____

Phone: _____

Alternate Captain: _____

E-mail: _____

Phone: _____

I understand that if I fail to fill out this form in its entirety and return it that I may not receive communications as intended by Parks & Rec

By signing below, I understand all of the information encompassed in this page.

X _____
Signature

Date

Team Name: _____

Program: _____

2021 Ball Bath _____

Dates of Participation: August 14th – August 15th, 2021 _____

1.	_____ Printed Full Name and Nickname (if any) _____ Telephone	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
2.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
3.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
4.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
5.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
6.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
7.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
8.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
9.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date
10.	_____ Printed Full Name and Nickname (if any) _____ Best Phone # to reach you	_____ Date of Birth _____ Signature for Release of Waiver	_____ PO Box/Mailing Address _____ Date

