

ADULT SOFTBALL REGISTRATION FORM

SUMMER 2021

Lodi Parks, Recreation and Cultural Services Dept.
 230 W. Elm St., Lodi, Ca 95240
 Office 333-6742 Field Conditions 333-6744

CHECK ONE:

CO-ED SOFTBALL

MENS SOFTBALL

_____ Monday Division

_____ Monday Division

_____ Tuesday Division

_____ Tuesday Division

Please print clearly

TEAM NAME _____

TEAM NAME spring/summer/fall _____

Print clearly as this will be our PRIMARY contact with your team; you MUST have an email contact to register.

MANAGER'S or representative's email _____

MANAGER'S NAME _____

STREET ADDRESS _____

CITY _____ **ZIP** _____

PHONE (#1) _____ **PHONE (#2)** _____

ALTERNATE CONTACT _____

PHONE (#1) _____ **PHONE (#2)** _____

MANAGER:

1. Each player must sign the [team roster](#). All late addition players must pay a \$5 administrative fee.
2. Each player must read and sign the participant informed consent form located in the "[Return to Play: Safety Protocols](#)"
3. Submit registration form, [team roster](#) and all of your players' [Informed Consent Forms](#) together.

Manager must sign below to indicate that the above information is true and correct to the best of your knowledge

X _____ date _____

<i>For office use only</i>				
Date Received	By	Team Fees	Check #	Other
Division Assigned	Division Last Season		Notes	