ADULT BASEBALL
INDIVIDUAL PLAYER NAME/PHONE RELEASE WAIVER

****

USE THIS FORM IF YOU ARE A PLAYER TRYING TO GET ON A TEAM.
PLEASE PRINT AND FILL OUT THIS FORM COMPLETELY AND SEND/BRING TO:
COMMUNITY EDUCATION AND RECREATION, 1515 S. 7th STREET, ANN ARBOR, MI 48103.
FAX: (734) 994-1454

****

PLAYER'S NAME: _____TELEPHONE: _____
(DAY) (EVE)

ADDRESS: _____

EMAIL: _____

SEASON: _____ SUMMER _____ FALL

PLEASE CIRCLE YOUR CHOICES

SUMMER LEAGUES & DIVISIONS
Men's Baseball
National League
American League
FALL LEAGUES & DIVISONS
Fall Baseball *(only one division)*

AVAILABILITY: SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY (circle your choices)

YOUR EXPERIENCE & POSITION(S):

I hereby grant Rec & Ed the permission to release the above information at their discretion for the purpose of assisting myself in finding a team to participate in the upcoming season. I realize by this waiver that I am not guaranteed team placement.

PLAYER'S SIGNATURE: _____ DATE: _____