

**ADULT SOFTBALL
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 ST., ANN ARBOR, MI 48103.
 FAX: (734) 994-1454

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

ADDRESS: _____

EMAIL: _____

SEASON: _____ SUMMER _____ FALL (No Fall League in 2012)

PLEASE CIRCLE YOUR CHOICES

SUMMER LEAGUES & DIVISIONS

Men's Slow Pitch

United Thursday DH
 American Thursday DH
 Federal Tuesday DH
 City Tuesday DH
 Municipal Mon/Tues
 Community Tue/Thur
 Recreation Tuesday

Women's Slow Pitch

Community Tuesday
 Recreation Tuesday

Co-Rec Slow Pitch

Federal Monday DH
 City Friday DH
 Municipal Sun/Mon/Fri
 Community Sun/Mon/Tue/Fri
 Recreation Tue/Wed/Thur/Fri

Men's 35+

Century Wednesday

Men's 45+

Legends Wednesday

FALL LEAGUES & DIVISIONS

Men's Slow Pitch

Central Thu DH
 (United/American/National/Municipal)
 Minor Wed DH
 (Municipal/Community)
 Leisure Wed DH
 (Recreation)

Women's Slow Pitch

Minor Sun DH
 (National/Municipal/Community)

Co-Rec Slow Pitch

Major Mon DH
 (Municipal)
 Central Mon DH
 (Community)
 Minor Mon DH/Fri DH
 (Recreation)

DH = Double Header

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

YOUR EXPERIENCE:

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: _____