



# TEAM REGISTRATION



Team Name: \_\_\_\_\_

**IMPORTANT: PRINT LEGIBLY OR YOU MAY NOT RECEIVE A SCHEDULE!**

Manager: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant Manager: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Choose one in each category:

SPORT: Softball      DIVISION: Men   Women   Co-ed      TIME: Weekday   Sunday

LEVEL: A (HIGHEST)   B   C (LOWEST)   40+   50+   60+

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, recreational basis and that there may be an element of risk involved. BREC is not responsible for any injury or accident sustained and encourages all participants to obtain insurance for player protection. By acceptance of my entry, on behalf of myself, heirs and legal representatives, do hereby release and forever discharge BREC, and all its representatives from any and all claims and demands of every kind, nature an character, for any and all damages, losses or injuries which I may sustain in connection with any aspect of participation in this voluntary recreational activity.

NAME (PLEASE PRINT)	SHIRT SIZE	SIGNATURE	D.O.B.	EMAIL	PHONE
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**MAKE YOUR COPIES OF ROSTER BEFORE TURNING IN - NO COPIES OF THIS ROSTER WILL BE MADE WHEN SUBMITTED.**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Site: \_\_\_\_\_ Day Request: \_\_\_\_\_