

Special Needs Co-ed Softball League

Games on Mon. & Wed. Nights

6:30pm to 8:30pm



A non-competitive program available for participants 18 years of age and older. Learning the basic fundamentals of softball while experiencing team sportsmanship will be sure to make for an enjoyable time for both participants and spectators.

Participation Fee: \$40 per player

Make checks payable to: City of Willowick

Game Locations: Dudley Park

League begins August 12, 2019

Sign-up at the Manry Activities Center, or mail to 30100 Arnold Dr, Willowick OH, 44095. For more info, call the Manry Activities Center at #516-3011



WILLOWICK RECREATION REGISTRATION
SPECIAL NEEDS SOFTBALL

NAME _____ AGE _____ D.O.B. _____

ADDRESS _____ PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

IS YOUR CHILD COVERED BY MEDICAL INSURANCE? YES _____ NO _____

DESCRIBE ANY ALLERGIES OR SPECIAL MEDICAL CONSIDERATIONS:

I GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT:

YES _____ NO _____ INITIALS _____

I assume all risks and hazards incidental to such participation including transportation to and from activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Willowick Recreation Department, Willowick Girls Softball, supervisors, volunteers, participants, and persons transporting my child to and from activities, for any claim arising out of an injury to my child.

I hereby grant permission for _____

To participate in the Special Needs Softball Program and assume responsibility for medical, dental, hospital, and related expenses incurred. I will not hold Willowick Recreation Department, Willowick Girls Softball, coaches, or the City of Willowick responsible for any medical, dental, hospital, or related expenses arising out of injury or accident during the season.

Further, I will hold the City of Willowick and Willowick Girls Softball harmless from any loss, claim, damage, or expense resulting from such loss, claims, or damages which said may incur as a consequence of any injuries my child may sustain during their participation in the Willowick Special Needs Softball Program.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

CHILD'S SHIRT SIZE (CIRCLE ONE) Adult- S M L XL XXL

REGISTRATION FEE: \$40 PER PLAYER Mon. & Wed. Aug. 12th – Sept. 19th