

# 2009 ADULT CO-ED SOFTBALL REGISTRATION FORM

A Venture Christian Church League to be played on Saturday's at Kring Field for ages 15 and up.

**Please mail this to:**

**Sports Office/ Venture Christian Church  
16845 Hicks Road, Los Gatos, CA 95032-6699**

**Phone: 408-997-4642 FAX: 408-997-2546  
Web-site: www.venturechristiansports.org  
Bill Mockabee, Director of Adult Sports  
408-499-2274 or wlmockabee@aol.com**

### INFO BOX

**Registration:**

Early: \$40 – April 13-May 29  
Late: \$55 – May 29 – June 12  
Manager's fee - \$25 – must attend  
VCC and meet with Donny Dequine,  
Sports Minister, before league

**Season: June 13 – August 29.**

**Game times: Saturdays Between 9:00am and 1:00pm**

**Team size: between 12 – 16 players. Teams must have 3 of either gender on the field at a time.**

**(Please use an ink pen and write carefully)**

Male \_\_\_ Female \_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Manager:** Yes , No, but want to be with \_\_\_\_\_ . No, I am an Individual Player

**Uniform Size:** (circle one) Adult S M L XL XXL

**Fee includes:** Field use, umpires, league shirt, playoffs (2 game guarantee) and Final Day BBQ.

**OFFICE USE ONLY**

Fee Payment \_\_\_\_\_ Check # \_\_\_\_\_  
Check Date \_\_\_\_\_ Cash \_\_\_\_\_  
Paid On \_\_\_\_\_ Rec'd by \_\_\_\_\_

**WAIVER AND INFORMED CONSENT STATEMENT FOR:**

(Name) \_\_\_\_\_

**In consideration of registering for participation in the activities of the Venture Christian Church Sports Ministry, I agree to allow my image to be used in any photo, video, or online source for the purposes of marketing the league. This image will become the**

**property of VCC, and I waive any rights of compensation or ownership thereto. I also hereby affirm to be medically able to participate in the activities offered by VCC Sports Ministry in playing Softball. (I understand that there are risks that may include disabling injury and/or death involved in all physical activities, and I agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities undertaken.) I agree to hold free from any and all liability the Venture Christian Church and its respective officers, employees, members, volunteers, and sponsors, and do hereby for myself, heirs, executors, and administrators waive and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to me arising out of or in any of the activities of the Venture Christian Church Sports Ministry. I have been apprised of and acknowledge the particular hazard and potential danger involved in my participation in the 2009 Softball League season. I give my permission to medical staff to secure a licensed physician in the case of an emergency in order to provide the necessary care.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Emergency Phone#1 \_\_\_\_\_ #2 \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Please list any allergic reactions, serious injuries: -

