



7370 Groveport Road
Groveport, OH 43125
614-836-1000 / www.groveportrec.com

Adult Slow-Pitch Softball League Team Registration Form 2021

PLEASE PRINT CLEARLY

Team Name: _____ Team Skill Level: _____ (1 – 10; 10 = very good)

Division: Men's Co-Ed Day of League: _____
(Mon., Tue., Wed., etc.)

Status: Returning Team New Team

Team Manager's Information:

Last Name: _____ First Name: _____

Address (Street, City, State, Zip): _____

Cell Phone: _____ Other Phone: _____

Agree to receive text messages regarding alerts, schedule changes/cancellations? Yes No

Email: _____
(primary source of communication with Team Managers)

WAIVER OF LIABILITY & INDEMNIFICATION AGREEMENT: By providing my signature, I acknowledge, understand and agree to the Waiver of Liability & Indemnification Agreement noted on the reverse side of this document.

Signature: _____ Date: _____

Important Notes:

- If paying via check, please make check payable to: **CITY OF GROVEPORT.**
- Fees are due at registration (no refunds). In the event that during the season, the remainder of the season has to be cancelled due to COVID-19, a pro-rated refund will be issued. Refunds will not be issued for individually cancelled games that are not rescheduled.
- If you have questions, contact: Juli Pintz (Recreation Coordinator) at 614-836-1000 ext. 1513 or jpintz@groveport.org

If paying via Credit Card, please complete information below. Please print clearly.

Credit Card #: _____ - _____ - _____ - _____ CVV#: _____

CVV# (3 digit security code on back of card): _____ Expiration Date: _____

Printed Name of Card Holder: _____

Signature: _____ Date: _____

City of Groveport
Recreation Department

LIABILITY RELEASE & INDEMNIFICATION AGREEMENT
Adult Slow-Pitch Softball League

By providing my signature on page 1 of the Team Registration Form, I acknowledge, understand and agree that as a participant in the Groveport Recreation Department's Adult Slow-Pitch Softball League, I will be exposed to risks and hazards, including death, due to those associated with adult slow-pitch softball, including weather conditions, playing conditions, equipment and other participants in addition to the physical requirements of the sport, including collisions with other players & stationary objects. In addition, I understand that I am at risk of coming into contact with certain communicable diseases or viruses similar to COVID-19 while participating in recreational activities.

In exchange for being permitted to participate, I voluntarily agree to assume all of these risks and other inherent risks. Despite these risks, and in consideration of the City of Groveport (hereinafter COG) accepting my registration, I agree to hold harmless and release the COG, its board and council, officers, officials, employees, volunteers & other representatives from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage, and economic loss, arising from my participation in the Adult Slow-Pitch Softball League. I further agree to protect, indemnify and hold harmless the COG and the listed persons and entities for any and all cost, liability, expense and claim arising from any act or omission committed by myself or the named participants related to the COG's facilities, activities & programs, and/or other activities or programs sponsored by or affiliated with the COG. I further agree to follow all facility, activity or program rules & regulations, and realize that my right to participate may be terminated by the COG at any point in time for not adhering to said rules and regulations. I do hereby grant and give the COG & groups affiliated with the COG the right to use my photographic image with or without my name, both single and in conjunction with other persons or objects for any and all purposes. I understand that any information provided may be subject to disclosure under Ohio Public Records Law.

I have read, understand and agree to follow the Adult Slow-Pitch Softball League Rules (available online at www.groveportrec.com) or at Groveport Recreation Center (7370 Groveport Rd., Groveport, OH 43125).

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FOR OFFICE USE ONLY:

Payment Method: Check Cash Credit Card

Amount Paid: \$ _____

Date Received: _____

Received By: _____