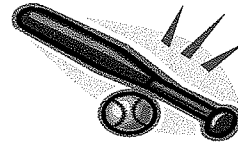


# Richmond Parks & Recreation



1<sup>st</sup> Annual



## Public Services Charity Co-Ed Softball Tournament

Sponsored by: the Richmond Fire Department

Fee: \$200 per team + \$10 per player for shirts

*\*High school-Adult*

*\*No person is allowed to play if they have represented a high school varsity, competitive college or University softball or baseball team in the past year.*

**Double Elimination Tournament: Saturday, October 24, 2009**

**Registration Deadline: October 7, 2009**

Team Name/Public Service Entity Representing: \_\_\_\_\_

Team Captain: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or loss which I (my child) may sustain as a result of participating in the program. I do hereby fully release and discharge the City of Richmond Recreation Department and it's officers, agents, servants, and all employees from any and all claims from injuries, including death, damage or loss which my child or myself may have or which may occur on account of my participation in this program.

I (We) agree to abide by the rules and regulations as set forth by the Richmond Recreation Department Baseball League, for my family's participation in the baseball program. I understand that this includes, but is not limited to, good sportsmanship toward the officials, coaches, and opposing players and their coaches and fans. **FAILURE TO DO SO MAY RESULT IN EXPULSION FROM THE GYM FOR REMAINDER OF GAME AND ALL FUTURE GAMES.** I have read and fully understand the above program details and waive and release all claims.

### Team Roster

	Name	Phone	Shirt Size	Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

Please return to: City Collector's Office, 205 Summit, Richmond, MO 64085. Make checks payable to: **City of Richmond.**

Amount Paid \$ _____	Office Use Only	By _____
	Date Rec'd _____	