



**City of Casa Grande Parks and Recreation
Adult Sports Team Registration Form**

Spring League Important Dates:

SOFTBALL – Games begin week of February 24th

Registration - Begins December 17, deadline Friday, February 14 at 5:00 PM

Manager's Meeting - Held at Parks and Recreation office Wednesday, February 12th;
5:00 pm Co-Rec Division , 6:00 pm Men's Divisions

MEN'S BASKETBALL – Games begin March 5th

Registration - Begins December 17, deadline Friday, February 21 at 5:00 PM

Manager's Meeting - Held at Parks and Recreation office, Wednesday, February 19, 5:30 PM

League (Check One):

_____ Co-ed Monday Softball (Doubleheaders) - \$425

_____ Men's Upper Division Tuesday Softball (Doubleheaders) - \$425

_____ Men's Recreation Division Thursday Softball (Doubleheaders) - \$425

_____ Men's Basketball League - \$350

If a team is represented at the coaches meeting a \$25 credit will be given to the team for adult sports.

Team Name: _____

Team Manager: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home/Day Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

IN ORDER TO BE REGISTERED YOU MUST

1. HAVE A COMPLETED REGISTRATION FORM AND ROSTER
2. HAVE REGISTRATION FEE IN FULL AT TIME OF SUBMISSION



City of Casa Grande Parks and Recreation
Adult Sports Team Roster and Waiver Form

Team Name: _____

PLAYER'S NAME (Must match name on valid picture ID)
1.
2.
3.
4.
5.
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7.
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19.
20.

Roster must be filled out completely. Roster may be checked for validity. Persons may only be listed on one roster per night of play. Any persons listed on multiple teams which compete on the same night will be disqualified for the season as well as the manager in charge of the team.

In consideration of our acceptance of this registration, I, for myself and anyone entitled to act on my behalf, agree to waive any claim against the City of Casa Grande, its employees or its agents for injuries that may occur as a result of my participation in this program. I understand the risks involved in the activity and agree that I will exercise caution and take all steps necessary to avoid injury.

As the representative of my team, I have read and agree to all the rules and regulations of the Casa Grande League, informed all of the listed players of the rules and regulations, and verify that all information given on this form is true and accurate.

Signature of Manager _____

Date _____



**City of Casa Grande Parks & Recreation
Adult Sports Team Sponsorship Application**

Team Name: _____

Sponsoring Business: _____

Sponsor Amount: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Business Contact Person: _____

Title of Contact Person: _____

If the business name does not readily explain the nature of the business, please do so here:

Business contact signature: _____