



PARKS, RECREATION AND COMMUNITY SERVICES
 1309 Myrtle Avenue, Enumclaw WA 98022 360-825-3594

Adult Sports League Registration Form

TEAMS MUST PAY THE FULL LEAGUE FEE AT TIME OF REGISTRATION

Mark one item in each box:

<u>Division</u>	<u>Sport</u>
<input type="checkbox"/> Women	<input type="checkbox"/> Softball
<input type="checkbox"/> Men's	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Co-ed	<input type="checkbox"/> Basketball
<input type="checkbox"/> Church	

TEAM NAME: _____

HEAD COACH: _____

MAILING ADDRESS: _____

CITY/ZIP: _____ **E-MAIL:** _____

HOME PHONE: _____ **WORK:** _____ **CELL:** _____

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ASSISTANT COACH/ALTERNATIVE CONTACT: _____

MAILING ADDRESS: _____

CITY/ZIP: _____ **E-MAIL:** _____

HOME PHONE: _____ **WORK:** _____ **CELL:** _____

Scheduling Considerations:(every effort will be made to honor one scheduling conflict)

My team is unable to play (date and/or time)_____

Previous team name (if applicable)_____

I accept full responsibility for all actions of my team and agree to fully abide by the rules outlined in the appropriate Enumclaw Parks, Recreation and Community Services rules and national organization rule books. I am the singular spokesperson for my team, except for individual appeals for disciplinary action. I agree to immediately notify, in writing, the parks office of any changes that may occur in coaching, mailing addresses, or phone numbers.

TEAMS ARE NOT CONSIDERED REGISTERED UNTIL THE LEAGUE FEE IS PAID IN FULL.

Head Coach/Manager Signature

