

Parks & Recreation

City of Alice
Parks & Recreation Department
P.O. Box 3229, Alice, Texas 78333 (361) 668-7260 Phone or (361) 668-7263 FAX

Official Team Entry Form

Team Name: _____ Contact Person: _____
Mailing Address: _____ City: _____ Zip: _____
Phone # Day: _____ Fax: _____
2nd Contact Name: _____ Phone #: _____ Other #: _____
Mailing Address: _____ City: _____ Zip: _____

League

- _____ Softball
- _____ Volleyball
- _____ Basketball
- _____ Flag Football

Division

- _____ Mens
- _____ Womens
- _____ Coed
- _____ Open
- _____ "C"
- _____ "D"
- _____ Civic/Industrial

I, the undersigned (back page), assume all risks associated with my participation in the Alice PARD's sponsored league, and on behalf of myself, and my heirs, executors and administrators, in consideration of my participation in the City sponsored league, I hereby waive all claims against and release and hold harmless ALICE PARD, the sponsors of the league, officials, directors, officers, employees, agents, attorneys, successors, and assigns, from and against any and all claims, damages, liabilities, causes of action, losses, costs and expenses, including reasonable attorney fees arising out of or in connection with my participation in the City sponsored league, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence or wrongful conduct on the part of the Alice PARD and/or a Sponsor and/or the Hosts. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, Parent or Guardian must sign)

Team Entry No. _____	Date Received: _____	
Amount Due _____	Amount Paid: _____	Bal Due: _____
Comments: _____		
