

PORTAGE PARKS & RECREATION DEPARTMENT – 2100 Willowcreek Rd. 219-762-1675. Fax: 219-841-9017



PROGRAM: Fall Softball 2025

COST: \$400 DATE: _____ RECEIPT #: _____ AMOUNT PAID: _____ PRIZE/AWARDS: _____

REGISTRATION DEADLINE: August 7

SEASON BEGINS: Sunday, August 17

IMPORTANT NOTE: You DO NOT need player signatures to submit your roster. They may sign on the first day of play if they have not done so.

PAYMENT MUST BE MADE WITH SINGLE DEBIT CARD, CREDIT CARD OR CASH ONLY. Present the completed roster to the Umpire at your first game.

Team Name: _____

Captain's Name: _____

Captain's Phone: _____

Captain's Email: _____ Captains's Address _____

CHOOSE A DIVISION AND DAY
 Sunday Coed – Upper ___ Lower ___
 Monday Men – Upper ___ Lower ___
 Tuesday Men – Upper ___ Lower ___
 Tuesday Women Upper ___ Lower ___
 Friday Coed- Upper ___ Lower ___

WAIVER

Signatures are required by all team members before they will be permitted to participate. Any falsification of signatures will result in a discharge from the program and a forfeiture of any fees that were paid. By signing this roster, you acknowledge that there are risks associated with participation in the above listed program, and that you freely assume responsibility for those risks. You also agree to hold harmless and release all liability from the City of Portage, the Parks & Recreation Department along with all its employees, agents, volunteers, and participants from any and all damages, claims, injuries, or other actions resulting from participation in the above listed program.

PRINTED NAME	CITY (Required)	Email	SIGNATURE-WAIVER
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