Walker Recreation Department
4151 Remembrance Rd NW
Walker, Michigan 49534
735-6286

Additional Players

Name of Team _____ Date _____

Team Manager _____

Manager's Signature_____

Sport: SOFTBALL Men's_____ Women's_____ Co-ed_____

Player agreement: I hereby waive any or all rights or claims for damages arising from injuries received while playing under this agreement and expressly relieve the City of Walker, the Walker Recreation Department, its officers, agents, employees and the sponsors, officers, or members of the team from any and all liability on the premises. I hereby agree to play with the above named for the present season and to abide by the Walker Recreation Department League Rules.

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1. Name Last _____ First Name _____ Male___ Female_____ Walker Resident? Yes___ No_____
Address_____ City_____ Zip Code_____
Home Phone_____ Cell/Work Phone _____ Email Address_____
Birthdate _____ Age _____ Signature_____

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2. Name Last _____ First Name _____ Male___ Female_____ Walker Resident? Yes___ No_____
Address_____ City_____ Zip Code_____
Home Phone_____ Cell/Work Phone _____ Email Address_____
Birthdate _____ Age _____ Signature_____

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3. Name Last _____ First Name _____ Male___ Female_____ Walker Resident? Yes___ No_
Address_____ City_____ Zip Code_____
Home Phone_____ Cell/Work Phone _____ Email Address_____
Birthdate _____ Age _____ Signature_____

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4. Name Last _____ First Name _____ Male_____ Female___ Walker Resident? Yes___ No_____
Address_____ City_____ Zip Code_____
Home Phone_____ Cell/Work Phone _____ Email Address_____
Birthdate _____ Age _____ Signature_____