



12TH ANNUAL "FIT FOR LIFE" SENIOR GAMES

SOFTBALL TEAM ENTRY FORM



Registration includes: Goodie Bag & T-Shirt

Age Division 50-54 55-59 60-64 65-69 70-74 75+ Age of Youngest Player on Team _____ (As of 12.31.12)

Team Name _____

Coach's/Manager's Name (First, Last) _____

Street Address _____

City _____ State _____ Zip _____

Phone(____) _____ - _____ E-Mail _____

TEAM ROSTER 9 Players Minimum & 20 Players Maximum

Team Registration- \$14 per player

Athletes Celebration- \$5 per participant/\$10 per guest *Optional
(Day of Celebration: \$10 per participant/\$15 per guest)

Interested in helping Charlotte County Youth?
Donate to Kids Camp Connection helps local youth participate in
County Sponsored camp programs and swim lessons.

Athletes Celebration

Player Name(Print)	Player Signature	Phone	Age (As of 12.31.12)	DOB	T-Shirt Size (S - XXL)	Entry Fee	\$5 Fee	Guest/s \$10 Fee	Total Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Total Fees \$									

Kids Camp Connection Team Donation (optional) \$ _____

PLEASE HAVE EVERY PLAYER READ WAIVER AND SIGN IN BOX ON THIS FORM

Coach / Manager MUST complete payment information on reverse side

GRAND TOTAL \$ _____

Enclose check or money order payable to BCC or Charlotte County Board of County Commissioners

Credit Card Authorization: Master Card Visa Card # _____ Exp. _____

Name on Card: _____ Signature: _____

Return your completed registration form with payment (please DO NOT send cash) by mail to:

Charlotte County Community Services

Attn: Senior Games

2050 Forrest Nelson Boulevard

Port Charlotte, FL 33952

Registrations must be Post-marked by February 15, 2012 to guarantee a t-shirt.

Please review Games Information for final deadline of each event.

WAIVER FOR PARTICIPATION

In consideration for Charlotte County through its Community Services Department providing facilities, instruction and/or supervision in the program listed above, the Undersigned does hereby release and hold harmless employees or agents of Charlotte County and the Board of County Commissioners from any and all liability, existing now or in the future, suffered or caused by the Undersigned or the Child/Ward of the Undersigned while Undersigned or said Child/Ward is engaged in any program connected with the Charlotte County Community Services Department. The Undersigned requests permission to participate in the program with full knowledge that said program could result in damage or injury to the Undersigned or Child/Ward of the Undersigned and assumes all risk of the possible damage or injury involved through participation in the above noted program. I understand that program participants may be photographed/videoed by the Charlotte County Community Services Department and the local media for publicity of the program.

*****You must complete both sides of this form*****