

ADULT SPORTS PROGRAMS

SPRING 2012 WIFFLEBALL

- LEAGUES:** Coed 6 on 6 team pitch wiffleball league
- LOCATION:** Hockessin Athletics Club outdoor field
- PARTICIPANTS:** Must be members in good standing of the Hockessin Athletic Club and at least 16 years of age. If not members of the Hockessin Athletic Club you must receive approval from league Coordinator Dave Mulvena.
- ENTRY FEE:** Member Registration - \$30 (Includes team shirts)
Non Member Registration - \$40 (Includes team shirts)
Team Registration (please fill out captain registration form and team roster form - \$300 (may have up to 15 players on roster and must have at least 10)
- REGISTRATION:** Starts February 1st. Registrations are accepted on a first-come first served basis. Players may register a full team, partial team or register as an individual and be pace on a team. Registrations **must** be turned in to Dave Mulvena or the front desk. They can be faxed to 302-235-4975.
- DEADLINE:** April 2nd (\$10 late fee after 4/2/12)
- SEASON:** The season will begin April 3rd
- GAMEDAY:** Games will be played Tuesdays at 6:15pm or 7:15pm.
- MEETING:** The draft/meeting will take place on Tuesday April 2nd at 6:30pm at the Hockessin Athletic Club. All participants are welcomed to attend.

FOR FURTHER INFO:

Contact further information, please contact:
Dave Mulvena, Sports Manager
(302) 239-6688
dmulvena@hachealthclub.com





ADULT WIFFLEBALL REGISTRATION FORM

PLEASE PRINT CLEARLY AND NEATLY!

For more information contact Dave Mulvena at (302) 239-6688 ext. 160
 Email: dmulvena@hachealthclub.com Website: www.hachealthclub.com

INDIVIDUAL REGISTRATION and TEAM CAPTAIN REGISTRATION FORM

Last Name: _____ First Name: _____

Age: _____ Shirt Size: _____

Contact Number: _____ Email: _____

Club Status: Member Non Member

Experience (please circle): Never Played Organized Soccer
 Played High School Soccer
 Played College Soccer

Registering a team or partial team: _____ YES (please fill out team roster form)
 _____ NO (I would like to be placed on a team)

BILLING INFORMATION

(\$10 Late fee after 4/2/2012)

Date: _____

PAYMENT

Charge my card on file Charge my club bucks Check Cash

Card Number: _____

Exp. Date: _____ Amount: _____

Signature: _____

I authorize the above charge(s) and agree to pay the total amount according to card issuer agreement.

ADULT WAIVER

I, the undersigned, do hereby agree to participate in the recreation program(s) indicated.

WIFFLEBALL

SOCCER

I acknowledge that I am voluntarily choosing to participate in one or more organized sport activities of the Hockessin Athletic Club. I understand certain risks are inherent in the Hockessin Athletic Club recreational programs and can present circumstances that place the participant at some risk of injury. I understand and agree that I am entering into the Hockessin Athletic Club adult sports program at my own risk and waive any claim of any kind whatsoever, whether resulting from an injury or otherwise. Moreover, I agree to release, indemnify and hold its directors, officers, employees, agents, and volunteers harmless from any and all liability as a result of my participation in their Sports Program. Additionally, I agree to abide by all rules and policies involving the conduct and operation presented by the Hockessin Athletic Club. Failure to follow these regulations can result in being removed and excluded from participation in the adult sports program. Furthermore, I permit the Hockessin Athletic Club to use and publish photographs and/or videotapes of me for the purpose of presenting recreational activities to the community and to promote the recreational program to potential clients and/or participants.

The undersigned has read and voluntarily signed this waiver.

Name (print) _____

Date of Birth _____

Signature _____ Date _____

HOCKESSIN ATHLETIC CLUB – ADULT SPORTS PROGRAMS
ATTN: DAVE MULVENA, SPORTS MANAGER

ADULT SPORTS ROSTER

NOTE: ROSTERS MUST CONTAIN: Minimum: 10 players or a Maximum: 15 players (if you have less than 12 players we may add players to your team from free agency)

TEAM NAME: _____ SPORT: _____

MANAGER: _____ EMAIL: _____

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

Participant Waiver Agreement: The undersigned agrees to play with this team for the current season and also agrees to abide by the rules and regulations as established by Hockessin Athletic Club. Furthermore, the undersigned accepting this entry waive and release any and all rights and claims for damages he/she may have against the Hockessin Athletic Club, it's agents, representatives, or assignees for any and all injuries which may occur during participation. I permit the Hockessin Athletic to use and publish photographs and/or videotapes of me for the purpose of presenting recreational activities to the community and to promote the recreational program to potential clients and/or participants.

MANAGERS Note the following rules:

1. You are not a legal team until this completed roster is turned in to the Sports Manager.
2. Players are ineligible unless their names and signatures appear on this roster.
3. All information must be correct and not falsified.

PENALTY FOR ABOVE RULES: Forfeiture and possible suspension or disqualification.

*** A PLAYER MAY PLAY FOR ONLY ONE TEAM IN EACH SPORT PER SEASON.***

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