



City of Benicia
Parks & Community Services
(707) 746-4285

ADULT SPORTS LEAGUE APPLICATION

Manager's Name _____

Daytime Phone _____ Evening Phone _____

Address _____
Street City Zip

Email Address _____ (Required)

Team Name _____

VOLLEYBALL Monday

SOFTBALL Wednesday Friday

Returning team from last season? Yes No

Division: League 1 (upper) League 2 [division is a request but not guaranteed]

Comments:

Office Use

League Fee: \$ _____

Non-Resident Fee: \$ _____

Total: \$ _____

Paid by:

Check No: _____

Cash: _____

Charge: _____

Received by: _____

Date: _____



City of Benicia
Parks & Community Services

ADULT SPORTS -- SOFTBALL
HOLD HARMLESS/INDEMNIFICATION/FRELEASE OF LIABILITY FORM

Team Name _____ Manager's Name _____
Sport _____ League _____

By signing below, I hereby agree to play with the above named team and to comply with the rules, regulations, and policies of the City of Benicia Parks and Community Services department. I assume the risk of accident or injuries sustained from whatever cause in connection with my participation and agree to indemnify, defend, and hold harmless, release, waive, and discharge the City and its elected and appointed officers, officials, employees, agents, and volunteers from and against any and all injury, death, loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorneys' fees accruing or resulting from my participation in this sports activity.

Print Name	Sign Name	
1. Name _____	Signature _____	Date _____
2. Name _____	Signature _____	Date _____
3. Name _____	Signature _____	Date _____
4. Name _____	Signature _____	Date _____
5. Name _____	Signature _____	Date _____
6. Name _____	Signature _____	Date _____
7. Name _____	Signature _____	Date _____
8. Name _____	Signature _____	Date _____
9. Name _____	Signature _____	Date _____
10. Name _____	Signature _____	Date _____
11. Name _____	Signature _____	Date _____
12. Name _____	Signature _____	Date _____
13. Name _____	Signature _____	Date _____
14. Name _____	Signature _____	Date _____
15. Name _____	Signature _____	Date _____
16. Name _____	Signature _____	Date _____
17. Name _____	Signature _____	Date _____
18. Name _____	Signature _____	Date _____



City of Benicia
Parks & Community Services

ADULT SOFTBALL ROSTER

TEAM NAME _____

MANAGER'S NAME _____

	NAME (please print)	ADDRESS, CITY, ZIP	DAY PHONE #	EVENING PHONE #	RES.	NON-RES.	EMP.
1					R	N/R	E
2					R	N/R	E
3					R	N/R	E
4					R	N/R	E
5					R	N/R	E
6					R	N/R	E
7					R	N/R	E
8					R	N/R	E
9					R	N/R	E
10					R	N/R	E
11					R	N/R	E
12					R	N/R	E
13					R	N/R	E
14					R	N/R	E
15					R	N/R	E
16					R	N/R	E
17					R	N/R	E
18					R	N/R	E

*NOTE: 18 player maximum per team