

# Adult Team Registration Form



One per team • Please print clearly • Return this form

## Athletics Program: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team uniform color: \_\_\_\_\_

Team Manager's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assistant Manager's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Include in this space any scheduling request for the season. Keep in mind these are only request, not guarantees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our team agrees to abide by all rules and regulations of the West Palm Beach Department of Parks and Recreation Adult Athletics. As the team's captain/manager, I also agree to take the responsibility to inform all my players of these rules and regulations.

\_\_\_\_\_  
Team Manager's Signature Date

The City of West Palm Beach Department of Recreation's services are for everyone. In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of special accommodations to participate in the proceeding shall, within three business days prior to the proceeding, contact the Department of Parks and Recreation at (561) 804-4900 or (800) 955-8771, at City Center, 401 Clematis St., Parks and Recreation Administration, 3rd floor.

### Office Use Only

Payment Receipt #: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check #: \_\_\_\_\_ Credit:  Amount Paid: \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_