

CRAVEN COUNTY RECREATION & PARKS

PLAYER CONTRACT

I, _____, hereby agree to play softball during the
Player's Name

20__ season with _____. I will read the rules and
team name

regulations of the league and agree to abide by them. I, also hereby, release the Craven County Recreation & Parks Department, sponsors, coaches and staff from all responsibility for accidents or damages incurred at the location of this program, or travel to and from this program.

Random photographs may be taken during this program and may be published on the Craven County Website. If you choose **NOT to have your picture(s) published on the County Website, please check here .

**Please print clearly

Mailing Address _____
Street Address

City State Zip Code

Birth Date: _____ E-mail (optional): _____

Home Phone: _____ Work Phone: _____

Player Signature: _____ Date: _____

Coaches Signature: _____ Date: _____