Alcouffe Center Adult Recreational Softball League Sign-up

Name:		
Mailing Address:		
Telephone:	Cell phone or alternate number:	
E-mail address:		Age:
Softball play experience:		
Are you interested in being on	a Committee to administer the soft	oall league?
Are you interested in managing	g a team?	
	recreational league and by signing d with play and provide the following	-
RELEASE OF LIABLITY		
I assume full responsibility in co Center Douthit Park facility and Dobbins-Oregon House Improve representing DOHIF. This released	nvolves risk of injury with use of bal onnection with my participation in so d hereby release from liability and to vement Foundation (DOHIF) and an ase is for any and all liability for pers e occasioned by, or in connection w	oftball play at the Alcouffe o indemnify and hold harmless ny of its employees or agents sonal injuries (including death)
(Signat	ture)	(Date)
Sign-up fee received	(DOHIF use only)	
Sign, date and fax to 692-9626	or mail to DOHIF, P.O. Box 302, C	Dregon House, CA 95962
Questions: Call Steven at (530)) 701-3577	