

**Therapeutic Recreation for the Disabled, Inc.**

**Adult Softball League Player Registration Form**

**Registration Fee: \$20 (checks payable to Therapeutic Recreation)**

**Registration Deadline:  
Friday, April 12th 2024**

**Participant's Name:** \_\_\_\_\_

**Please indicate your choice of session time (see note below):** \_\_\_\_\_ **6:00pm** \_\_\_\_\_ **7:30pm**  
(All your games will be played at this time)

**NEW IN 2024:** We are looking to cap teams to 14 players for each session. This means there may be more than 4 teams and then we'd have bye-weeks. If you wish to play at 6pm and having bye-weeks doesn't bother you, **do NOT** add 7:30 as a second choice. If this is a concern for you, put a "2" at 7:30pm and we will place you at 7:30pm if 6pm is filled at the time your registration is received. All slots are first-come, first-served.

Primary contact phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Email (for email messages): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female Uniform Shirt Size:  S  M  L  XL  XXL  XXXL

**EMERGENCY INFORMATION:**

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***Questions???* Call our hotline to obtain the latest information or leave a message: 513-275-9903**

Should a participant need medical treatment, please provide any necessary medication information, including medications (on a separate sheet/document) to be shared with an emergency responder.

I acknowledge that I, the participant, (or authorized guardian) will be using the facilities and participating in this softball league at my (his/her) own risk and I hereby release Therapeutic Recreation for the Disabled, Inc., and its employees and volunteers from liability due to bodily injury and/or damage to property of the participant. I understand that every effort is made to protect the safety of each participant, however, there is risk of injury due to the nature of the activity. By submitting this application to participate, I assume this risk. I furthermore understand that efforts will be made to contact the emergency contact provided above in the event of an emergency, however, if an emergency, contact cannot be made, by signing below, I hereby authorize an agent or designee of Therapeutic Recreation for the Disabled, Inc. to take such measures and arrange for medical and/or hospital treatment in my behalf. Lastly, by signing/initialing below, I understand that my likeness or photos of myself may be used in publicity, brochures or other media.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature (participant or authorized agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials (if completing electronically)

**Please mail this form with \$20 registration fee to:** TRD Softball 80 Stone Meadow Ct. Fairfield, OH 45014  
Email the electronic application to: [dacubs6@gmail.com](mailto:dacubs6@gmail.com) (payments can also be made in-person during practice)

**First practice will be on Friday, April 5th** – plan to arrive for practice at the same time as your 1<sup>st</sup> choice session time slot above unless we've communicated a different session time slot to you.