

CITY OF DELANO RECREATION DEPARTMENT 925 ELLINGTON STREET, DELANO, CALIFORNIA 93215 • PHONE 661·721·3335 ~ FAX: 661·720-9760

ADULT PLAYER CONTRACT

Sport / Program Name:			Start Date:		Time:	
Team:	Manager:			League:		
Applicant's Name:		Birth Date:	Birth Date:		Phone:	
Address:	City:	State:	_ Zip:	_ Phone:		
Agree to receive text messages	? Yes □ No □ Email Add	ress:				
E	ACH PARTICIPANT MUS	T READ AND SIG	GN POLICY BI	ELOW		
Vaiver: In consideration of being permit overnant not to sue the city of Delano, it officers, employees, and agents, resulting the activity. I also understand that the C	s officers, employees and agents fr ig in personal injury, accidents, illne	rom liability from any a esses (including death)	nd all claims including and property loss a	ng the negligence	e of the city of Delano, its	
fledia release : I understand that the Cit name and/or story in any format that the approve the finished product and acknown acknown that the City are constant to the City are constant to the City are constant to the City are constant and acknown are constant and acknown are constant are constant	City of Delano or third parties may	create in connection w				
Age Verification: Participants 18 years	·	<u> </u>		, State I.D., Birth	· · · · · · · · · · · · · · · · · · ·	
PRINT NAME	ADDRES	SS	PHONE	AGE	SIGNATURE	
	OFFICE S	STAFF USE ONL	.Y			