

# TOWN OF MT. PLEASANT - RECREATION AND PARKS DEPARTMENT

## Individual Insurance Waivers and Eligibility Certification

The undersigned acknowledges that there are inherent risks involved with the game of softball that can result in serious personal or bodily injury up to and including death and accordingly agrees to release the Town of Mt. Pleasant, the Town Board, its officers, employees and volunteers from any and all liability arising or resulting from, or in connection with, participation in the Adult Softball league sponsored by the Mt. Pleasant Recreation and Parks Department.

In addition the undersigned releases the aforementioned from any suits, claims, demands and legal actions of any nature.

The undersigned agrees to abide by the rules and regulations of the league and meets the eligibility requirements in accordance with the eligibility policy.

**Team Name** \_\_\_\_\_

**Players Name** \_\_\_\_\_

**Local Address (home or full time employer)** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**"Former Resident" Former Address** \_\_\_\_\_

**Last years team name** \_\_\_\_\_

**Proof of Residency or Full Time Employment (2 pieces required with photo ID)**

Eligible proofs: Drivers license, state issued ID, current utility or credit card bill excluding tax & water bill, current checking account statement-no checks, car insurance, letter from employer, W2, pay stub, work issued ID with company name. (Current is defined as within the last three months.)

Type of ID	ID # or month	Certified by office staff
1.		
2.		

**Former Resident Fee Paid \$** \_\_\_\_\_.

I certify that all the above information is correct and accurate and understand that any misrepresenting will cause dismissal from the league with no refund of fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date