

ADULT SPORTS



FREE AGENTS NEEDED

If you are new to the area, have been out of athletics for a while or just want to play adult sports but can't find teammates, try our "Free Agent" form. We'll make the free agent list available to our adult sports team managers to pick up players as needed, or if there are enough interested free agents, we'll form a team from the list. Names will remain on the list for one season. If you did not get on a team you must re-submit a new individual registration form.

To register, fill out the information below and mail or drop off the form to the address above, fax to 612-861-9388, or scan and email the form to nthompson@richfieldmn.gov.

Registration Information: Please mark your sport(s) of choice.

My primary athletic interest is: Recreational League Play Competitive League Play

My sport(s) of interest are: Men's Softball Kickball Basketball Dodgeball Baggo
Co-Rec Softball Tennis Other _____

I would be interested in forming a team off of the individual registration list.

Name _____ Email Address _____

Address _____ City _____ Zip _____ Age _____

Phone (mobile) _____ (work) _____ (home) _____

Additional Information _____

Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Richfield does not carry accident, sickness or medical insurance for participants.
- I understand that all reasonable efforts will be extended to ensure my health and safety.
- If the activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this activity, and I waive and release and hold harmless the City of Richfield and any of its agents, employees, officers, council members and sponsors for any personal injury, death or property damage suffered by me or that I may cause to others as a result of my participation in this activity.
- I agree to look to my private physician for medical advice and care to notify my teacher or instructor or any physical limitations I might have or modifications I might need to participate in this activity. I will require the following accommodations to participate. _____
- I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Richfield and is a release of liability. I sign it of my own free will.
- I give permission for my name and contact information on this form to be given out to managers and individuals requesting free agent information.

REQUIRED: Participant's Signature _____ Date _____