



SHAKOPEE BOWL WIFFLE BALL LEAGUE

SATURDAY NIGHT CO-ED LEAGUE

Session #1: May 1st - June 26th (8 weeks) \$450.00 per team

Session #2: July 10th - August 28 (8 weeks) \$450.00 per team

* Limited availability and leagues will fill fast

check one

TEAM REGISTRATION FORM

Team name:		
Team Captain:		
Address:		
City:	State:	Zip:
Primary phone #:		
Primary email:		

1. I know that participation in Wiffle Ball, may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, indemnity, and agree to hold harmless Shakopee Bowl, LLC., the organizers, sponsors, supervisors, participants, and persons from any claim arising out of any injury whether the result of negligence or for any other causes.

2. I agree to carry myself and any guests in a respectful manner. I will participate in good sportsmanship and will not interrupt play or partake in obscene gestures or language while on Shakopee Bowl property. I understand that if I disrupt any activities that I can be removed and banned from the premises with no financial refunds.

3. I agree that Shakopee Bowl LLC. can use my name or likeness / photos for promotional materials in print or online websites and social media.

4. Team captain agrees to have a completed and signed waiver for any players used during the season.

ROSTER

PRINT NAME:	SIGNATURE	DATE

Make payment to: Shakopee Bowl, Mailing address 3020 133rd Street West, Shakopee, MN 55379