Wells Parks & Recreation – Adult Sports Teams

Team:	Captain:		Phone: H	C	-
Address:	1	Email:			
	y of any nature arising out of the acti			r more, release the Town of Wells, it's agents activities sponsored by the Town of Wells ar	
Disciplinary Procedures: Inappropriate by possession or usage, and/or intentionally				appropriate language, smoking, alcohol, illegothe following:	gal drug
 Verbal warning. 1st game ejection – suspended from n Immediate, indefinite suspension from (Verbal warning & 1st & 2nd offense ejection) 	m all Recreation Dept. programs.				
I (we) have read and agree to all Lial	bility Release and Disciplinary Pr	rocedures stated above and the Re	creation League rules.		
Please Print Your Name	Signature	DOB (Under 19)	Phone	E-mail	
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Liability Release: I (we) hereby acknowledge that I (we) understand the policies and risk involved in sports programs and activities and further more, release the Town of Wells, it's agents and employees from any and all civil liability of any nature arising out of the activity, attendance, or involvement of myself or my (our) children in activities sponsored by the Town of Wells and the Parks & Recreation Dept., it's agents, and employees.

Disciplinary Procedures: Inappropriate behavior including weapons possession or usage, fighting, sexual harassment, vandalism, abusive or inappropriate language, smoking, alcohol, illegal drug possession or usage, and/or intentionally harmful acts will result in the following actions and other actions deemed necessary, but not limited to the following:

- 1: Verbal warning.
- 2: 1st game ejection suspended from next game; 2nd game ejection possibly not able to play the remainder of season.
- 3: Immediate, indefinite suspension from all Recreation Dept. programs.

(Verbal warning & 1st & 2nd offense ejections may be skipped in extreme situations resulting in indefinite suspension from program.)

I (we) have read and agree to all Liability Release and Disciplinary Procedures stated above and the Recreation League rules.

Please Print Your Name	Signature	DOB (Under 19)	Phone	E-mail
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