



- New Team
- Returning Team

**City of Norwalk  
Recreation and Parks Services Department  
13000 Clarkdale Ave, Norwalk, CA 90650  
(562) 929-5567 or erivas@norwalkca.gov**

**ADULT TEAM APPLICATION**

- BASKETBALL-       COED SOFTBALL       MEN'S SOFTBALL  
 THURSDAY    SUNDAY    COED VOLLEYBALL

1. Team Name (Print): \_\_\_\_\_ (Alternate Choice): \_\_\_\_\_

2. Team Manager: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

3. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Emergency/ Other contact: \_\_\_\_\_ Email: \_\_\_\_\_

Bus. # \_\_\_\_\_ Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_

5. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

“In consideration of the acceptance of my application for entry in the Adult Sports program and as the manager of the team herein below, I agree to the following conditions: 1. should my team drop after the Manager’s Meeting, that my deposit will not be refunded. 2. Should my team drop within 48 hours of the start of league play that my team will incur charges necessary for re-scheduling of the league and any remaining monies will be refunded to the team. 3. Should my team drop **after** the start of league play, that there will be **no** refund of league fees. Furthermore, I realize my responsibility to inform all my players of all league rules, the Players’ Code of Conduct and to have all players on my team read and sign the waiver on the Team Roster or Add/Drop sheet.” “By affirming my signature below, I verify that I have read and understand the aforementioned statement and will comply with its agreement. I also accept my responsibility, on behalf of my team, to pay all league fees and expenses accrued by my team including any charges or expenses incurred by the “City” in the collection of same.”

Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR OFFICE USE ONLY*

<b>DEPOSIT/ FORFEIT FEE</b>	DATE: _____	PAID BY: _____	\$: _____
<b>ENTRY FEES</b>	DATE: _____	PAID BY: _____	\$. _____
<b>CREDIT CARD</b>	DATE: _____	PAID BY: _____	\$. _____
<b>ROSTER SUBMITTED</b>	DATE: _____		