



NCC Sports and Athletics

Department of Community Services
77 Reads Way • New Castle, DE 19720
(302) 395-5890 (office) • (302) 395-5892 (fax)

nccdesports.com



[@nccdesports](https://twitter.com/nccdesports)



Matthew Meyer
County Executive

2019 MEN'S SENIOR SOFTBALL FALL WORKOUTS

*** Online registration available at nccdesports.com (a credit card payment is required) ***

- Date:** September 3 – October 17, 2019
- Day/Time:** Tuesdays and Thursdays; 10 am – 12 noon
- Place:** Delcastle Softball Complex
- Registration:** \$10 per person (must complete entry form below)
- Program Coordinator – Bob Grier
 - Balls and bases will be provided
 - *The use of a protective screen in front of the pitcher is mandatory*
- Details:**
- Call 395-5891 after 9am if weather is questionable
 - For info on winter softball workouts, contact the Garfield Park Activity Center at (302) 571-4004



For fastest access to program announcements, league information, and game-day weather updates, follow the Sports Office on Twitter [@nccdesports](https://twitter.com/nccdesports).

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*Please print clearly and complete all information below.
Payment (credit card, check or money order payable to NCC) must be included.*

Name			Birth Date		
Address		City		State	Zip Code
Home Phone	Daytime Phone (Circle One):		Work	Cell	E-Mail Address
List Any Physical Limitations					

WAIVER/PARTICIPATION AGREEMENT: I request permission to participate in the above program sponsored by New Castle County. I agree to abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the above program and the use of the facilities provided for the above program. I understand that my failure to observe these rules may result in my being excluded from participation in the program.

I represent that I am physically able to participate in the above program. I fully understand and agree that my participation in program may entail the risk of physical injury. I agree to assume such risk and to waive any claim of any kind whatsoever, whether resulting from an injury otherwise, resulting from my participation in the above program. I further agree to release, indemnify and hold harmless the above program and New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of my participation in the above program.

I will be personally responsible for any financial cost incurred as a result of my participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for loss, misplaced, stolen and/or damaged personal property and I hereby agree to release New Castle County from any such liability.

The undersigned has read and voluntarily signed this waiver/participation agreement

Name (Print) _____ Signature _____ Date _____

For Office Use	Date	Amount	Check Name	Check No. / Bank No.
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For Credit Card Payment Only

Check here to pay with a credit card. You will be contacted by staff for payment information.