

# ADULT ATHLETICS



# 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 and draft list. The list is available to our adult athletics team managers to pick up players as needed, or if there are enough interested free agents, we'll attempt to form a team from the list. Names will remain on the list for one year from the date you complete the form.

To register, fill out the information below return it one of the following ways:

- Scan/email: AVathletics@cityofapplevalley.org
- Fax: 952-953-2306
- Drop off: Apple Valley Community Center, 14603 Hayes Rd, Apple Valley, MN 55124
- Mail: Attn. Apple Valley Parks and Recreation, 7100 147th Street W, Apple Valley, MN 55124

**My sport(s) of interest are:**  Men's Softball  Women's Volleyball  Kickball  Basketball  
 Co-Rec Softball  Co-Rec Volleyball  Bean Bags  Other \_\_\_\_\_

**My preferred level of play:**  Recreational  Competitive  (List specific level if you know it) \_\_\_\_\_

**Nights I am available:**  Mon  Tues  Wed  Th  Fri  Sat  Sun

**Any other details you feel should be shared:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (mobile)** \_\_\_\_\_ **(work)** \_\_\_\_\_ **(home)** \_\_\_\_\_

**Additional Information** \_\_\_\_\_

**NOTICE:** As lawful consideration for being permitted to participate in the **adult athletic program** of the City of Apple Valley's Parks and Recreation Department, I on behalf of myself agree that the **City of Apple Valley shall be held harmless** and will not be liable for any injury or disability which I or any member, employee or participant of the said program incur as the result of the use of the said facility and program, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said program incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns of any member, employee or participant of the said program.

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 \_\_\_\_\_