

# Pumpkin Ball Softball Tournament

Oct 16  
2021



## Men's D & Co-Rec D

**1-Day One-Pitch Tournament  
at Clement Park (weather permitting)**

- Two game guarantee – double elimination format
- Individual awards for 1<sup>st</sup> & 2<sup>nd</sup> place finishers

Registration starts: MON, AUG 2

Deadline to register: WED, OCT 6

Team Price: \$175

To register your team or for any questions/information:

Call Butch Reich 303-409-2615 or e-mail Butch at [breich@fhprd.org](mailto:breich@fhprd.org)

# Adult Team Registration Form



## Clement Park Athletics Office

7306 W Bowles Ave  
Littleton, CO 80123  
Phone: 303-409-2615  
Fax: 303-409-2630

## Foothills Sports Arena

3608 S Kipling Pkwy  
Denver, CO 80235  
Phone: 303-409-2444  
Fax: 303-409-2440

## Foothills Fieldhouse

3606 S. Independence St  
Denver, CO 80235  
Phone: 303-409-2372  
Phone: 303-409-2371

**Desired League:** (Please select all classifications):

**Location:** Easton Regional Park \_\_\_ Lilley Gulch Recreation Center \_\_\_ Ridge Recreation Center \_\_\_  
Foothills Sports Arena \_\_\_ Schaefer Athletic Complex \_\_\_ Clement Park \_\_\_ Foothills Fieldhouse \_\_\_

**Season:** Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall \_\_\_

**Sport:** Softball \_\_\_ Basketball \_\_\_ Volleyball \_\_\_ Soccer \_\_\_ Flag Football \_\_\_ Lacrosse \_\_\_ Disc Golf \_\_\_

**Night:** SUN \_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THU \_\_\_ FRI \_\_\_

**League & Division:** \_\_\_\_\_

(ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

**Team Name** \_\_\_\_\_

**Manager's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Main Phone #** \_\_\_\_\_ **2nd Phone #** \_\_\_\_\_

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

**Assistant Manager's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Main Phone #** \_\_\_\_\_ **2nd Phone #** \_\_\_\_\_

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

\_\_\_\_ 1. **Liability Waiver:** By registering in our programs/classes and/or reserving/renting facility spaces/amenities, the applicant on his or her behalf (and, if applicable, on the behalf of the minor child or children registered the said child(ren)'s legal representative), hereby releases and agrees to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries incurred by me and such minor child(ren), in connection with any District event or activity.

\_\_\_\_ 2. **Hold Harmless:** I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF HARM OR INJURY, both known and unknown, and including all risks to my health associated with any communicable disease or community health risk, of my participation in any individual, group or team program or activity, and assume full responsibility for my participation. And further agree to follow any or all local, county or state rules/orders related to community health risks or communicable disease.

\_\_\_\_ 3. **Firearms:** Open and concealed carrying of firearms is PROHIBITED at all Foothills Park & Recreation District facilities, parks, trails and golf courses.

\_\_\_\_ 4. **Americans with Disabilities Act Accommodation Request:** Foothills Park & Recreation District strives toward providing inclusive programs to all community members. People of all abilities are invited to consider registering for any recreational program Foothills Park & Recreation has to offer provided they meet the minimum eligibility requirements. To request an accommodation please allow 10 business days prior to the start of the class/activity. Please contact the Programmer/Supervisor of the selected activity. For more information on equal opportunity, diversity and ADA compliance, please contact Human Resources at 303-409-2118.

**Signature of Manager** \_\_\_\_\_ **Date** \_\_\_\_\_

**STAFF USE BELOW THIS LINE**

Amount	Date	Payment	Balance	Initials
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____