

2021 Co-Ed Summer Softball League



The Summerlin Council Co-Ed Summer Softball League July 7 - September 8, 2021

Please return your completed team registration form by appointment at The Vistas Community Center beginning June 7 at 9 a.m. (Call 702.360.1370 to schedule your visit.)

***\$375 per team**

Payment can be made electronically or with one check made payable to "The Summerlin Council." Each team is responsible for providing their own T-shirts and weekly umpire fees.

Team registration deadline is Monday, June 21.

Please note: Space is limited so sign-up early. No individual registrations are permitted. Teams must consist of at least 75% Summerlin Association members.

2021 Summerlin Co-Ed Summer Softball League Registration Form

**Please complete team information on the the reverse side.*

Team Captain Name (last) _____ (first) _____

Team Name: _____

Address: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Summerlin Member ID# _____

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless The Summerlin North Community Association, The Summerlin South Community Association, The Summerlin West Community Association, Summerlin Centre Owners Association, The Summerlin Council, Howard Hughes Properties, Inc. and The Howard Hughes Company, LLC., and any of their officers, agents, and employees from any liability or claim or action for damages resulting from or in any way arising out of the participation in the program by the person registered.

COVID 19 Issues - My and related participants/Users' access to and use of the Summerlin Council facilities/amenities at issue in this reservation document is completely voluntary. I/We understand that there are inherent risks associated with entering public areas and public accommodations with scheduled large groups of participants/Users, including the risk of contracting the COVID-19 virus. I agree to assume and accept all risk associated therewith on behalf of all related participants/Users, with the understanding that as the signing party I am only assuming and accepting such risk individually on behalf of the signing party if all other participants/Users provide their own signed form; the signer remains responsible for any participants/Users that do not provide their own signed form. My assumption of risk, release, indemnity and hold harmless obligations on behalf of all participants/Users also expressly applies to any liability, claim or action for damages based on COVID-19, including any exposure to, infection by and/or contraction of the COVID-19 virus. Participants/Users agree to abide by all requirements of the "COVID Compliance Attachment", which is attached hereto.

Signature _____ Date _____

League Fee \$ _____ (Check # _____ if applicable)

*If paying by check, please make it payable to "The Summerlin Council."
Please return form and payment to The Trails Community Center.*

I have read and accept the indemnification clause on the front of the page. Please check Resident (R) or Non-resident box (NR):

Team Name: _____

R NR

Phone

1. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

2. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

3. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

4. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

5. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

6. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

7. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

8. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

9. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

10. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

11. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____

12. Name: _____ **Address:** _____ **Zip:** _____ (_____) (_____)
Household ID# _____ **Signature:** _____ **Email:** _____