

2024 Co-Ed Summer Softball League



The Summerlin Council Co-Ed Summer Softball League July 10 - September 11, 2024

Please return your completed team registration form
to The Vistas Community Center beginning June 3 at 9 a.m.

\$440 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 Wednesday, June 12 or as space permits.

Teams are limited, so sign-up early. No individual registrations.
Teams must consist of at least 75% Summerlin Association members,
and participation is limited to individuals 18 years and older.

2024 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# _____

**Must be a Summerlin resident*

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless The Summerlin Council, Summerlin North Community Association, Summerlin South Community Association, Summerlin West Community Association, Summerlin Centre Owners Association, and 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 on in any way arising out of the participation in the program by the person registered and any guest(s) of the person registered, which includes third party guests and adult family members and minor children under the age of eighteen (18). Participation in Summerlin Council Softball Leagues is limited to individuals 18 years of age and older.

In consideration of participating in this program, I hereby give The Summerlin Council and The Howard Hughes Company, LLC, full and unlimited permission, authority and release of any and all rights I and my guest(s) may have to use any photographs, film, tape for any means of advertising, promotion and publication for all purposes of advertising and promotion which is desirous of undertaking. I hereby declare that my permission, authority and release as to myself and my guest(s) also allows retouching, editing, cropping or other devices aimed at emphasis and composition of the material for the purposes desired by companies mentioned above.

The User's access to and participation in this event is completely voluntary, and I and my guest(s) assume and accept all risk associated therewith. I and my guest(s) understand that there are inherent risks associated with entering public areas and public accommodations, including the risk of contracting the Covid-19 virus. This assumption of risk, release, indemnity and hold harmless obligations as to myself and my guest(s) 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. Visitors are reminded to act responsibly and follow the latest guidance. No refunds or credits will be issued for no-shows or unused visits.

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 Vistas 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:** _____