

# Batesburg-Leesville Leisure Center

## RACQUETBALL

### REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*\*Please place an asterisks beside your preferred phone number(s).\**

*\*Please circle the league and skill level you are registering for.\**

**League**  
Spring  
Summer  
Fall/Winter

**Skill Level**  
**BB** (Advanced)  
or  
**B** (Medium)

**Cost: \$30.00**

#### **Wavier Of Participation:**

By signing this registration form, I assume all risk associated with participation in this activity including, but not limited to: falls, contact with other participants, equipment, condition of facilities, all such risks being known and appreciated by me. Having read this wavier and knowing these facts, I, myself, and anyone entitled to act on my behalf, waive and release the Lexington County Recreation and Aging Commission and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this activity even though that liability may arise out of negligence or carelessness on the part of the persons named in this wavier. I am releasing my opponent and the Lexington County Recreation and Aging Commission of any liability due to my not wearing protective eye gear during a league match, that my opponent may take a forfeit, and I will also be charged for the court time. I have read and understood the above wavier of participation and realize that if I do not sign this wavier, I will be unable to participate in the racquetball league.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_