



Rivershore Sports Complex  
 PO Box 17505, Covington, KY 41017-0505  
 Phone: 859-586-8500  
 Web Site: www.rivershoresports.com  
 Email: Patty@rivershoresports.com

## 2010 Adult League Application

Check all that apply to your team. Season(s) for which you are registering:

<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Spring & Summer <input type="checkbox"/> Fall			
Division and Classification for which you are registering this team.			
<input type="checkbox"/> <b>Men</b>		<input type="checkbox"/> <b>Co-Ed</b> (Wed / Fri / Sun)	
E-Rec / E	<input type="checkbox"/> 0HR <input type="checkbox"/> 1HR	Recreational	<input type="checkbox"/> 1HR
D-Rec / D / C	<input type="checkbox"/> 2HR <input type="checkbox"/> 3HR	<input type="checkbox"/> 6HR (Wed only)	<input type="checkbox"/> 2HR
2 <sup>nd</sup> Shift League	<input type="checkbox"/> 0HR <input type="checkbox"/> 1HR	<input type="checkbox"/> <b>Women</b> (Monday)	
Wooden Bat League	<input type="checkbox"/> 1HR - (Mon only)	Recreational	<input type="checkbox"/> 0HR
<b>First Choice of Night</b>		<b>First Choice of Night</b>	
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sun		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri <input type="checkbox"/> Sun	
<b>Second Choice of Night</b>		<b>Second Choice of Night</b>	
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sun		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri <input type="checkbox"/> Sun	

Please print / type all information!

<b>TEAM NAME</b>			
Manager's Contact Information			
First / Last Name			
Address			
City	St	Zip	
1st Phone Number	(____) _____ - _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
2nd Phone Number	(____) _____ - _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Email Address*			<input type="checkbox"/> Home / <input type="checkbox"/> Work
Email Address			<input type="checkbox"/> Home / <input type="checkbox"/> Work
Secondary Contact Information			
First / Last Name			
Address			
City	St	Zip	
1st Phone Number	(____) _____ - _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
2nd Phone Number	(____) _____ - _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Email Address*			<input type="checkbox"/> Home / <input type="checkbox"/> Work

All information must be completed in order to maintain contact with your team. Please note that an email address is required! Once a team is registered, all further communications will be done via email and or phone calls.

\*\*\*OVER\*\*\*

## League Information

All leagues offer an 8 game season - Sunday through Friday evenings. Pricing for leagues and divisions offered can be found with this application or on the Rivershore web site - [www.rivershoresports.com](http://www.rivershoresports.com)

### League Manager Responsibility Form

I \_\_\_\_\_ acknowledge that I am the manager of  
(Manager Name)

\_\_\_\_\_ which will be playing at Rivershore Sports Complex  
(Team Name)

on \_\_\_\_\_ night. I agree that I am, among other things responsible for the  
(Night Played)

following:

1. Payment of all league and tournament fees owed to Rivershore Sports Complex.
2. Providing all information requested front of this application in full and providing at least one email address for communications purposes.
3. To keep control & discipline my team both on & off the field to the best of my ability.
4. To make sure a completed roster / waiver form is completed and turned in to the office prior to my team taking the field and updating as players are added.
5. Notify the park office of all forfeits in advance when possible & to keep in communication with the park manager regarding all schedule changes.

Failure to comply with any of the above items may result in suspension of your team and yourself from any and/or all play at Rivershore Sports Complex and could result in legal action.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

Season	Date Paid	Amount Due	Amount Paid	Discount Applied	Balance Due	Type of Pmt	Type #	Receipt #
SP/SU <input type="checkbox"/> <b>All Nights</b>		\$790						
SPRING <input type="checkbox"/> <b>All Nights</b>		\$395						
SUMMER <input type="checkbox"/> <b>All Nights</b>		\$395						
SP/SU Added <input type="checkbox"/> DH <b>All Nights</b>		\$550						
SP or SU DH <input type="checkbox"/> <b>DH Added</b>		\$275						
FALL <input type="checkbox"/> <b>Any Night</b>		\$250						
FALL <input type="checkbox"/> <b>Played SP/SU</b>		\$225						