

**Adaptive Softball 2023  
FARGO PARK DISTRICT REGISTRATION FORM**

Captain's Name \_\_\_\_\_ Team Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**NAME**  
(PRINT LEGIBLE)

**PLAYER CLASSIFICATION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

**Payment is due upon Registration, Registrations will not be processed without payment.**

Type of Payment \_\_\_\_\_ Amount Enclosed/Authorized \$ \_\_\_\_\_ Today's Date \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit security code \_\_\_\_\_  
Name on Card (Print) \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

**Player Classification Breakdown**

- 1 - Player able to play on own at high level
- 2 - Player able to play on own
- 3 - Player need verbal cues from the sideline
- 4 - Player needs staff for guidance
- 5 - Player needs staff for help with awareness and safety

Cost Per Team—\$276.25