

San Mateo Master Marlins

2010 Team Dues Registration

Full Name: _____

Date of birth: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____

Phone – Work: _____

Phone – Cell: _____

*E-mail address: _____

*We will use your e-mail address **ONLY** to notify you of upcoming Marlins events, changes in workout schedule, and to send you our monthly publication, **Lane Lines**. You can opt-out at any time! We will **NEVER** sell, give, lend, or rent your e-mail address to any other person or organization.

Team Dues

Individual \$30 ___ Family \$60 ___ - Additional family members: _____

To the extent allowed I hereby absolve the San Mateo Master Marlins team, employees, volunteer officers, independent contractors from all liability which may arise as a result of my/our participation in the program for which I/we register. I/we are aware that there are risks inherent in programs involving physical activity/exercise, and will use my/our own judgment in adapting my/our participation in accordance with my/our own physical abilities and medical condition. I/we allow use of my/our photographs taken during program participation for purposes of program publicity.

Signature: _____ Date: _____

Return to:

**San Mateo Master Marlins
c/o Nancy Littlefield
690 Alta Vista Drive
Pacifica, CA 94044**

**Be sure to enclose your check for Team Dues (\$30 individual or \$60 family)
Please make your check payable to: San Mateo Master Marlins**

Thank you!