

CHURCH LEAGUE SOFTBALL 2021

Church League

Tuesdays
 9 Teams Max **
 \$360/Team
 8 Games Guaranteed
 Single Elimination Tourney
 Game Ball Provided

General Information



- **Registration:** Team captains should submit the Registration Form (below) & fee to Parks & Rec.
- Play is scheduled to begin Aug 31
- Teams must wear matching shirts with numbers
- Modified ASA Rules. Bats must be ASA approved.
- League and Tourney champs will receive t-shirts (15 per team)
- Rosters are due ten minutes prior to the first game and must be signed by **EVERY PLAYER!** (All participants must be 16 years old or older. A parent's signature is required for those under age 18).
- Make-up games may be played any night of the week..
- For additional information, contact Aaron at 873-5948.

Coaches Meeting: Thursday, Aug 26 @ 6:00PM

REGISTRATION DEADLINE: THURSDAY, AUG 22

Team Registration Form

TO REGISTER: Team manager or coach should complete the following information completely and legibly, sign at the bottom and return this form and the registration fee to the Parks & Recreation office.

Sport: _____ Division: _____ Date: _____

Team Name: _____ Requested Colors: _____

Coach's Name: _____ Coach's E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Agreement:

1. Full payment must be received by the registration deadline to be considered registered for any adult league. Leagues are filled on a first come, first served basis.
2. Rosters must be turned into the official scorekeeper 15 minutes prior to the first game. If no roster is provided, the game will be forfeited.
3. **Rosters must be filled out completely with all requested information.** Players must be at least 16 years of age. Any player under the age of 18 must have his or her parent or legal guardian sign the roster. Players may appear on the roster of one Parks & Rec. Church League team & one Open league team only. Players found in violation of this rule will be suspended from participation on any team in any division for the remainder of the season.
4. Once rosters have been finalized, changes are not permitted. See league rules for full roster requirements.
5. Three forfeits in one season will result in removal from the league (Includes forfeits for lack of players, unsportsmanlike conduct, etc.) **No refunds!**
6. League administration reserves the right to format each league however it deems appropriate in order to guarantee the number of games advertised.
7. Protests will be heard in player eligibility issues only. Protests must be submitted to the league administrator within 24 hours of the start time of the protested game along with a \$25 dollar protest fee. If the protest is granted, the fee will be returned. If the protest is denied, the fee will not be returned.
8. Make-up games may be scheduled on any day of the week.
9. Teams, coaches and fans are expected to conduct themselves in a manner displaying good sportsmanship and mutual respect to all opponents, fans, and officials. Coaches are responsible for ensuring players comply with this standard. All individuals will be expected to comply with the Parks and Recreation Department's Physical and Verbal Altercation Policy. Those in violation of this policy will be disciplined accordingly. Parks and Recreation reserves the right to suspend or ban any player for behavior that the Department deems inappropriate, whether occurring before, during, or after a game.

Coach's Signature: _____ Date: _____

Office Use Only: Check / Cash / Credit Due: \$ _____ Paid: \$ _____ Registration Number _____

Credit Card Number: _____ -- _____ -- _____ Exp. Date: _____ Security Code: _____

Signature Authorizing Charge to Above Number _____

Parks and Recreation Team Roster

(Please Print in Blue or Black Ink)

Team Name: _____

Manager: _____

RELEASE & WAIVER OF LIABILITY

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the Versailles-Woodford County Parks and Recreation Department does not carry accident, sickness, or medical insurance for participants during participation or during transportation to or from activities. I understand that all reasonable efforts will be extended to ensure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive release, absolve, indemnify and agree to save and hold harmless the Versailles-Woodford County Parks and Recreation Department, it's board members, employees, and all individuals responsible for the conduct of activity involving this candidate for claims that I may now or ever have against any of said individuals or department, including, but not limited to, claims of personal injury, hospitalization, etc. I agree to conduct myself in a manner that does not violate the Department's Physical and Verbal Altercation Policy and I understand that failure to do so my result in my suspension or expulsion from participation in this or future programs. I give permission for the Parks and Recreation Department or local media to photograph or videotape me during participation in this program and to utilize said photos for advertising and/or promotion both in print and on the web.

By signing below, I agree that I have read and clearly understand the above statements. I realize this is a contract between myself and the Versailles-Woodford Co. Parks and Recreation Department and is a release of Liability. If participant is under age 18, a parent or guardian must sign. Individuals must be 16 years old or older to participate.

#1 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#2 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#3 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#4 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#5 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#6 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#7 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____

#9 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#10 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#11 Name: _____
DOB: _____ Age: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#12 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#13 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#14 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#15 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

PLEASE COMPLETE ALL INFORMATION COMPLETELY AND LEGIBLY!!