



# 2019 ADULT SOFTBALL LEAGUE



<i>Office Use only</i>
FEE PAID: _____
DATE: _____
INITIAL: _____

**TEAM NAME:** \_\_\_\_\_

## DIVISION OF PLAY (check only one)

- |                          |           |                |                 |       |
|--------------------------|-----------|----------------|-----------------|-------|
| <input type="checkbox"/> | MONDAY    | MEN (Lower)    | 18 games + S.E. | \$500 |
| <input type="checkbox"/> | MONDAY    | 5v5v5          | 9 games         | \$250 |
| <input type="checkbox"/> | TUESDAY   | CHURCH         | 18 games + S.E. | \$500 |
| <input type="checkbox"/> | WEDNESDAY | MEN (Upper)    | 18 games + S.E. | \$500 |
| <input type="checkbox"/> | WEDNESDAY | WOMEN          | 18 games + S.E. | \$500 |
| <input type="checkbox"/> | THURSDAY  | COED           | 18 games + S.E. | \$500 |
| <input type="checkbox"/> | FRIDAY    | MEN (combined) | 18 games + S.E. | \$500 |

**ENTRY DEADLINE: April 30<sup>th</sup>** A completed Roster and Team Fee MUST be submitted prior to the deadline for a team to be considered registered. Teams will be added to leagues on a first come, first served basis as spots are available. Late registrations will NOT be accepted if it makes a division have an uneven number of teams. **A \$50 late fee applies.** No exceptions, including sponsor checks. The Team Manager will be expected to front the money until a sponsor check arrives.

## Team Manager's Contact Info:

Name: (print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

I am the manager of the above mentioned team and after receiving a league packet and rules, depose and say that all information supplied is correct and to the best of my knowledge and that all players signed in their own handwriting and they are eligible to compete with my team in the Championship Play of USA Softball and agree to be bound by the rules of USA Softball as contained in the USA Softball Code and the USA Softball's Official Rules of Softball.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAYER AFFIDAVIT & LIABILITY WAIVER

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING THE INVERSE PAGE. I have received and/or reviewed a league packet and rules with my team manager and I understand and agree to be bound by those and the rules of USA Softball. I am a member in good standing and I am eligible to compete with this team in the Championship Play of USA Softball. I understand that I may only play on one team within a division during this season and this is the team which I have elected to play. In consideration of this roster being accepted, I further agree that I shall hold harmless and fully indemnify the parties listed and individually release any and all claims for damages I may have against the City of Sturgis, Doyle Center, Spence Softball Complex and its employees for injury suffered during the life of this roster.



TEAM NAME: \_\_\_\_\_

### 2019 USA SOFTBALL & CITY OF STURGIS OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

1. Each player should read and understand the League Rules and Facility Rules before signing.
2. By signing this Roster, you acknowledge you have read and understand the rules and policies associated with this league.

Questions? Please call (269)659-8110

or email [recreation@sturgismi.gov](mailto:recreation@sturgismi.gov)

PRINT PLAYERS NAME	BIRTHDATE	RESIDENCE (street, city, state)	PHONE or EMAIL	SIGNATURE	RES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

FORM MUST BE FILLED OUT COMPLETELY PRIOR TO PARTICIPATING