

Adult Softball 2016 – Team Registration Form

CIRCLE: SEASON 1 (March 14) SEASON 2 (June 6) SEASON 3 (August 22)

TEAM NAME: _____

Previous Year's Team Name _____ Division _____

CIRCLE: MEN'S WOMEN'S CHURCH COED

CIRCLE: SLOW PITCH FAST PITCH

TEAM REQUESTS DIVISION: _____ SLOW (D or E) OR FAST (C, D or E) (*E is least competitive*)

LEAGUES AVAILABLE

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Co-Ed	Men's Slow	Fast Pitch	Men's Slow	Men's Slow
Co-Ed Church	Women's Slow/Church	Senior MSP (45+)	Co-Ed Overflow	Men's Church

CHOOSE NIGHT OF PLAYE PREFERENCES: WRITE IN "1ST CHOICE" AND "2ND CHOICE"

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

NOTE: Team division and night of play choices will be accommodated whenever possible. However, divisions will be balanced based on team and player history and availability for night selected. Team will be eligible for a refund ONLY if 1st or 2nd choice night cannot be accommodated.

NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED

PLEASE PRINT
MANAGER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (Home) _____ (Business) _____

E-MAIL ADDRESS _____

IF PAYING BY CHECK: DRIVER LICENSE # _____ EXP. DATE _____

All communication from League Office will go to name, address, and phone number listed

IMPORTANTE - PLEASE READ

CITY OF STOCKTON OFFICIAL WAIVER & RELEASE OF LIABILITY & IDENTIFICATION

THE TEAM ROSTER MUST BE SIGNED BY EACH PLAYER IN HIS/HER OWN HANDWRITING. Any person signing the roster becomes the property of the above team until released by the Team Manager. **Please note:** Player Contract Fee does not cover medical costs for any injury arising from participation in the program. Player fee is NON-REFUNDABLE and CANNOT BE TRANSFERRED to another player after participation has occurred. Fees are subject to change without notice.

FOR OFFICE USE ONLY:

Check current contact info _____ Check Player Fees _____ Copy for site _____

HOLD HARMLESS AGREEMENT: I understand and agree to abide by the operation rules as set down by the Community Services Department. I further agree to hold the Community Services Department, its members, its officers and operation committees thereof, the City of Stockton, County of San Joaquin, Stockton, Lincoln, Lodi and Manteca Unified School Districts, San Joaquin Delta College, Manager and other members of my team, free and harmless from liability whatsoever, arising from the performance of this contract. **EACH PLAYER MUST READ THIS STATEMENT BEFORE SIGNING THIS ROSTER.** My signature authorizes the City of Stockton Community Services Director to use a photograph or similar likeness or image of myself in any future advertisement or promotion of the City of Stockton Community Services Department.

Player Fee Paid	Player's Name (please print)	Player's Signature	Address	Zip Code	Phone Number
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				

I CERTIFY THAT ALL PLAYERS LISTED ARE 18 OR OLDER & HAVE READ THE HOLD HARMLESS CLAUSE BEFORE AFFIXING THEIR SIGNATURE.

MANAGER'S SIGNATURE _____ DATE _____