

TEAM REGISTRATION FORM | 2019 COED LEAGUES

SPRING, SUMMER, AND FALL KICKBALL

INSTRUCTIONS: **All fields are required.** A separate form is required for each team. Complete both pages of this form and submit with entry fee no later than **3 p.m. on the registration deadline.** The numbers of teams listed are maximums. These 6-week leagues are played as 6 single games. If leagues are full, teams will be added to a wait list.

Team Name _____

City _____ State _____

Manager/Coach Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Would you like to receive email updates and rain-out notices from SoftballCityUSA.com? Yes No

Team Sponsor (Optional) _____ Phone _____

Please select your team's division, playing ability, and desired days by checking the boxes below.

	8 Person	10 Person	10 Person	8 Person
Spr. Thursday 6 Weeks	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational +	<input type="checkbox"/> Competitive
Sum. Thursday 6 Weeks	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational+	<input type="checkbox"/> Competitive
Fall Thursday 6 Weeks	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational +	<input type="checkbox"/> Competitive

Register for multiple seasons together and save time.

Would you like your previous electronic roster on file copied over? Yes No

You will still need to make any edits and submit the roster by the deadline.

Is your team returning from last year (six or more played together)? Yes No

New teams only, fill out this left column.

How many players on your team have 0 to 1 year of playing experience? _____

How many players on your team have 4+ years of playing experience? _____

Describe your team's playing ability. _____

Returning teams only, fill out this right column.

Team Name Last Year _____

What was the team record for 2018?

Wins _____ Losses _____

If you have new players, what team(s) did they play on, if any? _____

If your team played in tournaments, please note your team record. _____



ALL TEAM MANAGERS OR COACHES MUST READ AND SIGN BELOW:

I understand that this is an outdoor sport and all dates on this form and in league schedules are tentative and subject to change due to weather and/or field conditions. As a team manager or coach I will make every attempt to maintain good sportsmanship between my players and spectators, on and off the playing field.

Signature _____

ENTRY FORM AND ENTRY FEE DEADLINES

- 3 p.m. on Wednesday, March 13, 2019 (Spring)**
- 3 p.m. on Wednesday, May 22, 2019 (Summer)**
- 3 p.m. on Wednesday, July 17, 2019 (Fall)**

START DATES

Estimated Start Dates (subject to change): April 18 (Spring), June 13 (Summer), August 15 (Fall)

SEND ENTRY FORM TO:

Attention: Softball
 City of Salem Public Works Department
 555 Liberty Street SE, RM 325
 Salem, OR 97301-3513
softball@cityofsalem.net

LEAGUE FEES AND REFUNDS

- 6 Weeks** (6 single games)
\$242, must be paid in full at time of registration.
 - 12 Weeks** (2 seasons; 12 single games)
\$484, must be paid in full at time of registration.
 - 18 Weeks** (3 seasons; 18 single games)
\$726, must be paid in full at time of registration.
- There will be a **\$80** charge on all refunds. Refunds will not be granted after the entry deadline.
- League practices** are \$16 an hour.
- No Tournament** is included in league fees.

ACCEPTED TYPES OF PAYMENT

Visa, MasterCard, cash, or check (payable to City of Salem). Cash payments must be made in person. Credit cards must be used online or in person. To arrange for online payments, call 503-588-6261.

ROSTER AND AGE MINIMUMS

Players may not participate until the official roster is signed. Official rosters must be posted on **teamsideline.com/salem** by 10 p.m. on March 20 (Spring), June 5 (Summer), or July 26 (Fall).

Players must be at least 15 years of age or older to play in the adult league program. Players ages 15 through 17 must have a parent/guardian release and a parent/guardian signature on the roster or waiver form to be eligible.

DISCLAIMER

The City of Salem does not provide medical or accidental insurance coverage; the participant is responsible. Players must sign a Waiver of Liability prior to participating in this program; a parent or guardian must sign for minors.

The City of Salem may use, reproduce, disclose, and distribute participant's name and/or likeness for City marketing purposes.

LEAGUE DIRECTORS

Billy Powers
 Lindsey Huston
 Office Phone 503-588-6261
 Fax 503-588-6025
softball@cityofsalem.net

WEBSITE

Registration forms and additional information are available at **www.softballcityusa.com**.

FOR OFFICE USE ONLY

<input type="checkbox"/> Cash _____	<input type="checkbox"/> Visa/MC _____	VISA	Cashier _____	Amount Paid _____
<input type="checkbox"/> Check # _____	_____		Date _____	Folder Number _____
_____	_____		Time _____	_____

