

**St. Joseph Parks & Recreation Department
Softball Leagues
2019 Team Registration Form - MEN'S LEAGUE**

Registration Dates: March 18 – April 10, 2019
Season Dates: April 28 - Early July

Registration is by team registration only. *Individual registration is not accepted.* Included with team registration is a 8 game schedule, softballs, and USA team registration. Registration is taken on a "first-come, first-serve" basis.
Please complete the information below

TEAM NAME: _____
(Team Name is restricted to only 20 Characters/Letters - If you have more than 20 we will abbreviate your team name)

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: () _____ EVENING NUMBER: () _____

EMAIL ADDRESS: _____

(It will be the manager's responsibility to keep a current address and phone number on file with our department to ensure that you are notified of any changes pertaining to your team.) (ALL PERSONAL INFORMATION IS FOR ADMINISTRATIVE PURPOSES ONLY)

PAYMENT OPTIONS: Please check one
 Cash Check Credit Card

Please make checks payable to: **Parks & Recreation**

If fees are paid by check, only one check will be accepted, NO Exceptions! We will no longer accept payment from checks made out to the manager or check from each player for their portion.

Required information for all checks: (Cannot accept without this information)

DRIVER'S LICENSE # _____ PLACE OF EMPLOYMENT: _____
EXPIRATION DATE: _____

CREDIT CARD PAYMENT: You must complete the following information, only if you do not have card present at time of registration.

Credit Card: Please check one MasterCard VISA Discover

Print Cardholders Name: _____

Card Number: _____

3 digit Authorization Code _____

Expiration Date: _____

I authorize the Parks, Recreation & Civic Facilities Department to charge \$_____ to the above listed credit card account.

_____ Cardholders Signature _____ Date

(Required if played) 2018 Team Name: _____

Team Class Information (circle a number) 1 2 3 4
(Please rate your team with 1 being the highest and 4 the lowest)

(Circle League and Night)

<u>League Name</u>	<u>Nights Available</u>	<u>League Limits</u>	<u>Team Fee</u>
Men's Slow Pitch	Sunday	21	\$350 includes softballs
	Thursday	16	\$350 includes softballs

Special requests will be honored when possible, but cannot be guaranteed. LIST:

Manager's Signature: _____

Office Use Only: Date: _____ Receipt #: _____

**St. Joseph Parks & Recreation Department
Softball Leagues
2019 Team Registration Form - CO-ED**

Registration Dates: March 18 – April 10, 2019
Season Dates: April 28 - Early July

Registration is by team registration only. *Individual registration is not accepted.* Included with team registration is a 8 game schedule, softballs and USA team registration. Registration is taken on a "first-come, first-serve" basis.

Please complete the information below

TEAM NAME: _____
(Team Name is restricted to only 25 Characters/Letters - If you have more than 25 we will abbreviate your team name)

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: () _____ EVENING NUMBER: () _____

EMAIL ADDRESS: _____

(It will be the manager's responsibility to keep a current address and phone number on file with our department to ensure that you are notified of any changes pertaining to your team.) (ALL PERSONAL INFORMATION IS FOR ADMINISTRATIVE PURPOSES ONLY)

PAYMENT OPTIONS: Please check one
 Cash Check Credit Card

Please make checks payable to: **Parks & Recreation**

If fees are paid by check, only one check will be accepted, NO Exceptions! We will no longer accept payment from checks made out to the manager or check from each player for their portion.

Required information for all checks: (Cannot accept without this information)

DRIVER'S LICENSE # _____ PLACE OF EMPLOYMENT: _____
EXPIRATION DATE: _____

CREDIT CARD PAYMENT: You must complete the following information, only if you do not have card present at time of registration.

Credit Card: Please check one MasterCard VISA Discover

Print Cardholders Name: _____

Card Number: _____

3 digit Authorization Code _____

Expiration Date: _____

I authorize the Parks, Recreation & Civic Facilities Department to charge \$_____ to the above listed credit card account.

_____ Cardholders Signature _____ Date

(Required if played) 2018 Team Name: _____

Team Class Information (circle a number) 1 2 3 4
(Please rate your team with 1 being the highest and 4 the lowest)

(Circle League and Night)

<u>League Name</u>	<u>Nights Available</u>	<u>League Limits</u>	<u>Team Fee</u>
CO-ED	Sunday	21	\$350 includes softballs
	Monday	16	\$350 includes softballs

Special requests will be honored when possible, but cannot be guaranteed. LIST:

Manager's Signature: _____

Office Use Only: Date: _____ Receipt #: _____

Softball Leagues 2019 Team Roster Form

PLAYER NAME

PHONE NUMBER

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____

PLAYERS CONTRACT
Parks & Recreation Department
St. Joseph, Missouri

Check One:
Men ___ Co-Ed___
Kickball___

PLAYER _____
ADDRESS _____
CITY/STATE _____

PHONE _____
TEAM _____
ZIP _____

I hereby agree and contract, in consideration of the acceptance of this application as a "playing member" of this team, to fully comply with the constitution, bylaws, regulations and rules of the Amateur Softball Association of America and those of the Parks & Recreation Department Softball Leagues of St. Joseph. I agree to play with this team for this season, understanding that disorderly or unsportsmanlike conduct, or violation of this contract will be followed by suspension from amateur softball.

I understand that accepting money, checks or other considerations for my services will bar me from softball competition.

In consideration for my rights to play in the Leagues, I hereby for myself, heirs, executors and administrators, waive and release any and all right and claim for damages I may have against the Parks & Recreation Department Softball Leagues, park operators, team sponsors, their agents representatives or assigns for any and all injuries which may be suffered by me during this softball season.

Player's Signature _____

Date _____

Manager's Signature _____

Date _____

Parent or Legal Guardian _____
(if under 18)

Date _____

PLAYERS CONTRACT
Parks & Recreation Department
St. Joseph, Missouri

Check One:
Men ___ Co-Ed___
Kickball___

PLAYER _____
ADDRESS _____
CITY/STATE _____

PHONE _____
TEAM _____
ZIP _____

I hereby agree and contract, in consideration of the acceptance of this application as a "playing member" of this team, to fully comply with the constitution, bylaws, regulations and rules of the Amateur Softball Association of America and those of the Parks & Recreation Department Softball Leagues of St. Joseph. I agree to play with this team for this season, understanding that disorderly or unsportsmanlike conduct, or violation of this contract will be followed by suspension from amateur softball.

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Player's Signature _____

Date _____

Manager's Signature _____

Date _____

Parent or Legal Guardian _____
(if under 18)

Date _____