



2018 ADULT CO-ED SOFTBALL DATE SHEET



CO-ED Leagues will be capped at a total of 64 Teams
Get registered early to guarantee your spot in this year's softball league!

| | |
|---------------------------------|---|
| Monday, June 4 – Monday, July 2 | <u>Softball Team Registrations take place</u> |
| Monday, July 2 | Rosters Due by 10:00 pm |
| Thursday, July 5 | Captain's Meeting - 6:00pm (Recreation Center) |
| Monday, July 9 | Season Begins |
| Monday, July 23 | Bats must be tested and stickered UNIFORMS MANDATORY |
| Team Fee: | \$530 (Includes 14 games, single elimination tournament with consolation game and game balls. |

SOFTBALL COMPLEX IS SMOKE & ALCOHOL FREE!!

Payment or purchase order number must accompany all rosters at the time of registration unless other arrangement has been made with the Adult Program Supervisor.

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CAMPBELL COUNTY PARKS & RECREATION

2018 SOFTBALL ROSTER

(ROSTERS DUE MONDAY, JULY 2)



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TEAM NAME: _____

LAST YEARS TEAM NAME (IF DIFFERENT): _____

TEAM CAPTAIN: _____ (PLEASE READ AND SIGN BACK)

ADDRESS: _____ ZIP: _____ PHONE: H) _____ W) _____

CONTACT PERSON: _____ PHONE: H) _____ W) _____

Please check mark the division your team can be competitive in.

Recreation Supervisor will have final say in team placement.

Includes 14 games, single elimination tournament with consolation game and game balls.

Co-ed

- ___ **Rec 2:** ** EXCELLENT OVERALL TEAM ABILITY (Men bat power handed)
- ___ **Rec 3:** ** GOOD OVERALL TEAM ABILITY (Men bat power handed)
- ___ **Rec 4:** ** AVERAGE OVERALL TEAM ABILITY (Men bat opposite handed)
- ___ **Rec 5:** ** WEAK OVERALL TEAM ABILITY (Men bat opposite handed)
- ___ **Rec 6:** ** POOR OVERALL TEAM ABILITY (Men bat opposite handed)

Payment or a Purchase Order number must accompany all rosters at the time of registration unless arrangement has been made with Adult Program Supervisor

FOR OFFICE USE ONLY

| | | | | |
|--------------|--------|-----------|-------|-----------|
| SPONSOR FEE: | TRANS# | PMT TYPE: | DATE: | INITIALS: |
|--------------|--------|-----------|-------|-----------|

WAIVER FOR PARTICIPANT

In Consideration of your accepting this entry or registration, I hereby waive and release any and all rights and claims for damages I may accrue against Campbell County or its departments or employees and any representatives, successors, and assigns, for any and all injuries suffered by myself or my child while participating in this activity. I understand that injuries may include, but are not limited to: broken bones, concussions, injuries to joints, spinal injury, broken teeth, loss of vision, injury to internal organs, exposure to weather conditions and problems caused by physical stress.

Media Consent

I hereby grant permission to Campbell County Parks and Recreation (CCPR) to use my or my children(s) photograph, videotaped image, quotes/comments, name for publicity and educational purposes in any and all publications and media without limit or reservation.

PLAYER CODE OF CONDUCT WAIVER

As a participant in Adult Sports Programs offered by the Campbell County Parks and Recreation Department, I will abide by and support all rules as well as the spirit of these rules. I will become knowledgeable, understanding and supportive of all game rules, league rules, regulations and policies. I will use appropriate language when interacting with league and game officials, players, spectators and treat them with respect. I will be drug and alcohol free at all team games.

| Player Name | Player Signature | Cell Phone |
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