

# TEAM REGISTRATION FORM | 2018 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	8 Person
Spring Thursday Coed 6 Weeks	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational	<input type="checkbox"/> Competitive
Summer Thursday Coed 6 Weeks	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational	<input type="checkbox"/> Competitive
Fall Thursday Coed 6 Weeks	<input type="checkbox"/> Recreational	<input type="checkbox"/> Recreational	<input type="checkbox"/> Competitive

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 2017?

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 7, 2018 (spring)**
- 3 p.m. on Wednesday, May 30, 2018 (summer)**
- 3 p.m. on Wednesday, July 11, 2018 (fall)**

**SEND ENTRY FORM TO:**

Attention: Softball  
 City of Salem Public Works Department  
 555 Liberty Street SE, RM 325  
 Salem, OR 97301-3513  
**register@softballcityusa.com**

**LEAGUE FEES AND REFUNDS**

**6 Weeks** (6 single games)  
**\$236**, must be paid in full at time of registration.  
 There will be a **\$77** charge on all refunds. Refunds will not be granted after the entry deadline.  
**League practices** are \$15 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 14 (spring), June 6 (summer), or July 18 (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  
 Maggie Combs  
 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 _____	<b>VISA</b>	Cashier _____	Amount Paid _____
<input type="checkbox"/> Check # _____	_____	_____	Date _____	Folder Number _____
_____	_____	_____	Time _____	_____

