



CITY OF JANESVILLE

Wisconsin's Park Place

RECREATION DIVISION

2025 Adult Softball – Dawson Softball Complex Team Registration

REGISTRATION DEADLINE: Friday, April 4th, 2025

LEAGUE PREFERENCE (check one)

**Leagues may be combined base on registration numbers.*

<u>Monday (Men's Church)</u>	
<input type="checkbox"/> A League	<input type="checkbox"/> B League
<input type="checkbox"/> C League	<input type="checkbox"/> D League

<u>Thursday (Men's)</u>	
<input type="checkbox"/> A League	
<input type="checkbox"/> B League	

<u>Friday (Co-Rec)</u>	
<input type="checkbox"/> A League	
<input type="checkbox"/> B League	

TEAM STATUS: New Returning

**Returning Teams are required to have a minimum of 5 players from the previous season.*

TEAM NAME: _____ **DIFFERENT NAME THAN PAST? Y N**

PREVIOUS NAME: _____

TEAM MANAGER: _____

MANAGER'S ADDRESS: _____

MANAGER CELL PHONE NUMBER: _____

MANAGER'S E-MAIL: _____

I am interested in receiving text messages in regards to league updates from Team Sideline: (choose one)

Yes No

**Schedules and notifications will be sent to team managers ONLY.*

If your team were to win the championship which would you prefer? (choose one)

Sponsor Plaque T-Shirt for each player

TEAM FEE (includes up to 20 players)

\$460

**All registrations received after the deadline will be charged a \$50 late fee.*

Please submit registration, roster and fee by USPS mail or drop off at our office:

Janesville City Hall | Recreation Division Office | 18 N. Jackson St.

Office Hours: Monday – Thursday 8am-4:30pm; Friday 8am-Noon

After hours submissions should be placed in our secure drop box outside City Hall at the Wall Street entrance.

Adult Softball Team Roster

TEAM NAME: _____

LEAGUE: _____

By signing this, I acknowledge that I have read and understand the City of Janesville-Adult Softball League Code of Conduct. I agree to follow the Adult Softball League Rules and Regulations and abide by the Player Code of Conduct.

	Player Name	Mailing Address, City, Zip	Phone Number	Signature
1. (Mgr.)				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

As the manager of this team, I understand that I am responsible for the eligibility of the players on this team. I have completely checked the eligibility of all players and to my knowledge the players of this team are in compliance with the Eligibility Rules.

MANAGER SIGNATURE: _____

DATE: _____