



CITY OF JANESVILLE  
*Wisconsin's Park Place*  
RECREATION DIVISION

## 2025 Adult Softball – Dawson Softball Complex Team Registration

**REGISTRATION DEADLINE: Friday, April 4<sup>th</sup>, 2025**

**LEAGUE PREFERENCE (check one)**

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

**Monday (Men's Church)**

\_\_\_\_ A League      \_\_\_\_ B League  
\_\_\_\_ C League      \_\_\_\_ D League

**Thursday (Men's)**

\_\_\_\_ A League  
\_\_\_\_ B League

**Friday (Co-Rec)**

\_\_\_\_ A League  
\_\_\_\_ 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.*



**CITY OF JANESVILLE**  
*Wisconsin's Park Place*

# 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:** \_\_\_\_\_