

LAVISTA RECREATION DEPARTMENT
8116 Park View Blvd., La Vista, NE 68128
402-331-3455
www.cityoflavista.org

2017 FALL ADULT SOFTBALL LEAGUE INFORMATION

Registration will run **May 15, 2017** through **August 5, 2017** or until leagues are full, whichever comes first.

Games will tentatively start on **August 20, 2017**.

Mandatory coach's meeting: Monday, August 14, 2017 at the Community Center, 6:00 p.m. PACKETS WILL NOT BE DISTRIBUTED BEFORE COACH'S MEETING! If you miss the meeting, you may pick up after.

TO REGISTER: Teams must submit the **enclosed roster information and SIGNATURES of all players along with the entry fee, forfeit deposit AND Code of Conduct form (signed by coach) at the time of registration. *YOU CAN NOT RESERVE A SPOT WITHOUT ALL INFORMATION AND PAYMENT!*** A team must register a minimum of 12 players; 15 players is the maximum for a team. Players must be 18 years old and out of high school.

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT:

- 1. A completed roster signed by every player. YOU CANNOT USE YOUR ROSTER FROM LAST SEASON.**
- 2. Entry fee: \$120 Coed/Adult Leagues; \$235 Double Header Leagues. IF A SPONSOR IS PAYING FOR LEAGUE, YOU MUST HAVE THE SPONSOR CHECK TO REGISTER. PERSONAL CHECKS WILL NOT BE HELD UNTIL SPONSOR CHECK ARRIVES.**
- 3. Separate \$40 check forfeit deposit fee; 2 separate \$40 checks for Double Header Leagues. Checks destroyed at end of season if your team does not forfeit a game. This forfeit fee pays umpire fees. You cannot use your check from the prior season. UNDER NO CIRCUMSTANCES WILL CASH BE ACCEPTED FOR FORFEIT DEPOSITS. CHECKS ONLY.**

Umpire Fees: \$20.00 per team, per game, paid directly to umpire prior to game. NO CHECKS, CASH ONLY!

Recreation Class Men's Leagues: Sunday, Tuesday, Friday

Recreation Class Women's League: Sunday, Monday

Recreation Class Coed Leagues: Sunday, Friday

Recreation Class Double Header League: Thursday

All adult/coed teams will be scheduled to play 7 games (We will make up as many games as possible, weather and time permitting).

Double Header teams will be scheduled to play 14 games (We will make up as many games as possible, weather and time permitting).

GAME TIMES: 6:30 p.m., 7:30 p.m., 8:30 p.m. and 9:30 p.m.

TEAMS CANNOT REQUEST SPECIFIC PLAYING TIMES!

Games will only be rescheduled for rain-outs. If your team doesn't show up for a game for any reason, the team will be charged with a forfeit and your forfeit fee deposit will be cashed.

With the exception of those rules published by the La Vista Recreation Department, Amateur Softball Association (Championship Rules) will govern play.

Bats must be ASA approved and have the ASA Certification mark. Check the ASA website for a list of non-approved bats - www.asasoftball.com

Balls must be ASA approved and have the ASA Certification mark: 12-inch, Core .520 softball, maximum compression of 300.0 lbs or under; optic yellow cover with red color stitching. Teams must have a new ball for each week.

Trophies will be given to the first & second place teams in each league.

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ADULT SOFTBALL REGISTRATION FORM

PLEASE PRINT *COMPLETE* INFORMATION FOR EACH PLAYER!

Team Captain: _____ **Team Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Circle Night Playing: Sunday Men's Sunday Coed Sunday Women's Monday Women's
 Tuesday Men's Thursday Double Header Friday Men's Friday Coed

Team Roster Must Be Signed By Each Player!

I hereby, acting for myself, agree to make no claims against the city of La Vista, its officers, employees, or anyone acting on its behalf and hereby release and waive any claim for loss, damage, or injury to any property, or person resulting from any cause, including negligence by the city of La Vista or any officer, employee, or person acting on its behalf, arising from activity sponsored by the City of La Vista. I understand that the City carries no medical insurance covering any injuries which might be sustained in connection with the program and acknowledge that we do carry medical insurance proving such coverage.

Player 1 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 2 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 3 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 4 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 5 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 6 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 7 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 8 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 9 (Print) _____ **Player Signature:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone (h) _____ (c) _____ Text yes/no (w) _____

E-Mail #1 _____ Email #2 _____

Player 10 (Print)_____ **Player Signature:**_____

Address:_____ **City:**_____ **Zip:**_____

Phone (h)_____ (c)_____ Text yes/no (w)_____

E-Mail #1_____ Email #2_____

Player 11 (Print)_____ **Player Signature:**_____

Address:_____ **City:**_____ **Zip:**_____

Phone (h)_____ (c)_____ Text yes/no (w)_____

E-Mail #1_____ Email #2_____

Player 12 (Print)_____ **Player Signature:**_____

Address:_____ **City:**_____ **Zip:**_____

Phone (h)_____ (c)_____ Text yes/no (w)_____

E-Mail #1_____ Email #2_____

-----**MUST HAVE A MINIMUM OF 12 PLAYERS**-----

Player 13 (Print)_____ **Player Signature:**_____

Address:_____ **City:**_____ **Zip:**_____

Phone (h)_____ (c)_____ Text yes/no (w)_____

E-Mail #1_____ Email #2_____

Player 14 (Print)_____ **Player Signature:**_____

Address:_____ **City:**_____ **Zip:**_____

Phone (h)_____ (c)_____ Text yes/no (w)_____

E-Mail #1_____ Email #2_____

Player 15 (Print)_____ **Player Signature:**_____

Address:_____ **City:**_____ **Zip:**_____

Phone (h)_____ (c)_____ Text yes/no (w)_____

E-Mail #1_____ Email #2_____

Code of Conduct and Sportsmanship

- ONLY POSITIVE COMMENTS ARE APPROPRIATE.
- OFFICIALS' CALLS ARE FINAL. DECISIONS SHOULD BE LEFT TO THEIR JUDGEMENT. DO NOT HARASS THE OFFICIALS.
- TREAT THE OPPOSING TEAM WITH AS MUCH RESPECT AS YOUR OWN.
- UNSPORTSMANLIKE CONDUCT WILL NOT BE TOLERATED. SPECTATORS AND/OR PLAYERS MAY BE ASKED TO LEAVE.
- I WILL ENCOURAGE GOOD SPORTSMANSHIP BY MY TEAM, DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES AND OFFICIALS AT EVERY GAME AND PRACTICE.
- I WILL TREAT PLAYERS, COACHES, FANS AND OFFICIALS WITH RESPECT.
- I UNDERSTAND BY NOT CONDUCTING MYSELF APPROPRIATELY, OR ASSURING APPROPRIATE CONDUCT FROM MY TEAMMATES, I/WE MAY BE EJECTED FROM THE GAME, AND/OR THE LEAGUE.

Team Name (Print)

Coaches Name (Print)

Coaches Signature

Date

PLAYER WAIVER, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT

I, the pre-signed player, acknowledge, agree and understand that;

1. Voluntarily, and of my own free will, I elect to participate as a member of the softball team & league indicated on this form.
2. I understand that there are certain risk and hazards involved in participating in softball that may result in injury or death to me, to other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into base is dangerous to me and to other players, and may result in serious injury or death.
4. I understand that the nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the pre-signed player, agree that in consideration for the right to play as a member of the team designated on this form and in a consideration for permission to play on the fields arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me:
 - a. while practicing or playing as a member of the team so designated;
 - b. while serving in a non-playing capacity as a team member during practice or play by other teams, or by other players on my team, and;
 - c. while on or upon the premises of any and all the fields, arranged for my team or league for practice or play.
2. I release, discharge & agree not to make any claim against the field owner or other entity designated on this form; the Amateur Softball Association of America; the City of La Vista or their owners, officers, agents, servants, associations, employees, or any person or entity acting on behalf of the field owner or the Amateur Softball Association of America, or the City of La Vista. I waive any claim for loss, or damages, costs or cause of action which I have, or may in the future have, as a result of injuries or damages sustained or incurred by me from whatever cause, including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released. I understand that the City of La Vista carries no medical insurance covering any injuries which might be sustained in connection with the program and acknowledge that I do carry medical insurance providing such coverage.

I acknowledge that I have read and that I understand each and every one of the above provisions in the waiver, release of liability and indemnification agreement, and agree to abide by them.

Field Owner, City of La Vista