

ADULT CO-ED SOFTBALL WINTER 2021

**CO-ED SOFTBALL
SUNDAYS**

Season Begins: Jan 10

REC Division* C/D Division*

**CO-ED SOFTBALL
FRIDAYS**

Season Begins: Jan 15

Rec Division* D Division*

Adult Softball League Format:

Double Header League | 14 Game Season | Single Elimination Tournament | 8 Teams per Division**

Team Registration Information

Returning Fall 2020 Team Registration: December 7 – 8

Open Registration: December 9 - 18

All participants must be 18 years of age or older

Team Registration Fee: \$450.00 due at the time of registration

Register online or over the phone ONLY! The Parks and Recreation offices remain closed at this time in an attempt to mitigate the spread of Covid-19

For more information contact: 623.222.2000

Or email Ian.Wallace@surpriseaz.gov

Manager's Meeting TBD-Manager's will be notified by email



League Classification

C Division Teams with experience playing together as well as individual experience. Very good offensive & defensive skills with 3 or more hitters with home-run power.

D Division Teams with experience playing together as well as individual experience. Effective offensive & defensive skills with 1-2 hitters with home-run power.

Rec. Division Team with little or no experience playing together and a combination of experienced and inexperienced players. Offensive & Defensive skills vary among teammates.

Teams are encouraged to register according to the classification listed above

****Divisions may be combined or teams re-classified prior to league start date for the good of the league****

***** NO REFUNDS WILL BE ISSUED IN REGARDS TO TEAM RE-CLASSIFICATION*****

**Individuals needing reasonable accommodations, please contact the
Parks & Recreation Department @ 623.222.2000**

www.surpriseaz.gov/recreation

Team Name: _____
 Manager's Name: (last) _____ (first) _____
 Address: _____ (City, State & Zip) _____
 Phone: (hm.) _____ (wk./cell) _____ Email: _____
 Asst. Manager's Name: (last) _____ (first) _____
 Phone: (hm.) _____ (wk./cell) _____ Email: _____

As a participant, or parent or guardian of a participant, permission is granted to participate in the City of Surprise activitie(s) and program(s) listed on this form. Participants understand and agree that they may be photographed and/or videotaped for promotional purposes. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Surprise, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). The wavier does not extend to any such claims or liability that is caused solely and exclusively by the gross negligence of the City of Surprise or its employees, supervisors, appointed officials, agents, representatives and volunteers. I understand that requests for division placement, transfers, cancellations are subject to department policy and fees. I understand that my adult sports team registration fee is not refundable. I understand that my registration is not complete until the team registration fee is paid in it's entirety.

MANAGER'S SIGNATURE _____

DATE _____

Staff Use Only Cash Amount _____ Check#/Amount _____ VC/MC _____ Staff Initials _____ Date _____

Team Name: _____

Manager's Name: _____

	Name	Phone	Address	City, State, Zip
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Players must be listed on this roster to participate at any time. Change forms may be picked up/turned in to the site supervisor at the field or turned into the Parks & Recreation Office.

As a participant, or parent or guardian of a participant, permission is granted to participate in the City of Surprise activitie(s) and program(s) listed on this form. Participants understand and agree that they may be photographed and/or videotaped for promotional purposes. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Surprise, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). Participants with current/past medical conditions should consult their physician prior to participation. The wavier does not extend to any such claims or liability that is caused solely and exclusively by the gross negligence of the City of Surprise or its employees, supervisors, appointed officials, agents, representatives and volunteers. I understand that requests for division placement, transfers, cancellations are subject to department policy and fees. I understand that my adult sports team registration fee is not refundable. I understand that my registration is not complete until the team registration fee is paid in it's entirety.

Manager's Signature: _____ **Date:** _____