



2016 FALL SOFTBALL TEAM APPLICATION

Team Name: (mandatory) _____ Date: _____

Manager's Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address (mandatory) _____ *Schedules will not be mailed*

Alternate Manager's Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address _____

Did your team play in our leagues last year: Yes / No

If yes, what was your team name:

Requests: _____

Please indicate which league you are applying for. If you are a new team and can play on more than one night, indicate your first, second and third choices. All leagues/teams will play a single elimination tournament at the end of the regular season.

Clearly check your selection(s)

Sunday Men's Double Header
(6 wks 12 games) **\$315**
Class Code: 121800-62

Tuesday Men's Church Double Header
(6 wks 12 games) **\$315**
Class Code: 121800-64

Sunday Coed Double Header
(6 wks 12 games) **\$315**
Class Code: 121800-61

Tuesday Coed Double Header
(6 wks 12 games) **\$315**
Class Code: 121800-63

Payment date: _____ Payment type: _____ Rec. Trac Receipt #: _____

Please cut along the dotted line and keep the bottom portion of this application for reference.



Return this application, along with your roster/insurance waiver (minimum of 10 players), to the Moline Park Department, 3635 4th Avenue, Moline, IL, *no later than **4:00 PM, FRIDAY - AUGUST 19, 2016.***

Fees: Due in full by **4:00PM FRIDAY - AUGUST 19, 2016**. Fee includes A.S.A. Sanction Fees. Make entry fee payable to "Moline Park Board." Please make sure that your check is clearly marked with your league and team name. After due date, teams will be accepted on a first-come, first-served basis.

General Information

BALLS

Each team is required to provide one new ball per game. Softballs are to be a restricted flight COR .520 and compression of 300.0 lbs. 12" A.S.A. approved softball for all men's leagues. Softballs will be for sale at the concession building for \$5 per ball.

Schedules:

1. All schedules will be processed through the Moline Park Office, and will be prepared after entry fees have been paid.
2. Schedules are final and will not be changed if requested.
3. Schedules will be available online at www.teamsideline.com/moline beginning August 16, 2016. Packets containing scorebook, rulebook, line-up cards, and illegal bat list will be available for pick up from August 16- 22, 2016
4. All Games will be played at Greenvalley Sports Complex.
5. The season begins tentatively Sunday—August 28, 2016 and continues through October 11, 2016.
6. All teams must have their signed rosters in before the 1st game. Failure to comply with this rule will cause your team to forfeit every game until your roster is in.
7. For rain out information call 309-524-2425. For evening games, **the rainout line will be updated by 4:00 p.m. on days where weather is questionable.**



OFFICIAL CHAMPIONSHIP ROSTER

LIABILITY WAIVER



I, the signed player or the parent or legal guardian of a minor player named on this roster, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below. 2.) I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching of the ball, the 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 agree that in consideration for right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, 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 or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play. 2.) I release, discharge and agree not to sue the team and/or league designated below or any owner or leasee of fields on which softball is played or practiced by my team or the ASA, or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the ASA for any claim, damages, cost 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 these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PLAYER AFFIDAVIT

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE. I have received the ASA's Official Rules of Softball and I understand and agree to be bound by the rules of ASA. I am a member in good standing of this softball team and I am eligible to compete with this team in the championship play of the ASA. I understand that I may play on only one team within a division during the season in ASA championship play and this is the team which I have elected to play for this season. I understand and agree that ASA has the right to take permanent possession of a bat that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to the ASA and it's local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON INVERSE PAGE. NOTE: FOR JUNIOR OLYMPIC DIVISIONS, VERIFICATIONS OF BIRTH DATE FOR EACH PLAYER MUST BE ATTACHED. (i.e., Birth Certificate, Baptismal Certificate or Hospital Certificate may be used.) Legible photo copies will be accepted. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the affidavit. I also hereby give permission to the ASA and it's local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and after receiving the ASA's Official Rules of Softball, and after being duly sworn, depose and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the above in their handwriting and they are eligible to compete with my team in the championship play of the ASA and agree to be bound by the rules of ASA as contained in the ASA Code and ASA's Official Rules of Softball.

ASA COMMISSIONER STATEMENT

ALL OF THE INFORMATION ON THIS ROSTER IS CORRECT
TO THE BEST OF MY KNOWLEDGE.

Manager's Name (Print)

Signature of ASA Local Association Commissioner or designee

Manager's signature

Date

Mobile Phone

Manager's Address (Print)

ASA Local Association & Region Number

City _____ State _____

Zip _____ Home Phone _____

Office / Mobile Phone _____

Signature of ASA Deputy/District Commissioner

Email _____