

PULLMAN PARKS & RECREATION

2018 COED SOFTBALL INFORMATION

MANAGER'S MEETING:

Manager's meeting will be held on Wednesday, April 25th at 6:00pm in Pullman at the Pioneer Center – 240 SE Dexter St.

REGISTRATION:

1. An official roster, placement form, and fees must be collected and submitted to the Parks and Recreation office between **8:00am - 9:00pm, April 9-11**. *Teams must carry a minimum of 12 players on their roster.*

League Fees:

- \$500 per team

TEAM ELIGIBILITY:

1. Leagues available: A, B, C
2. Players cannot play on more than one team (including all divisions).
3. A player must be a minimum of 15 years of age by **2nd Friday in June**. A player will be required to provide a parents' signature until the age of 18.

LEAGUE INFORMATION:

Supervisor:	Kurt Dahmen 338-3225 Kurt.Dahmen@Pullman-Wa.gov
League Nights:	Sunday afternoons/evenings
League Format:	10 games (Preseason, League & Tournament)
League Dates:	Preseason: April 29 & May 6 Regular Season: May 13 – June 24 (No games May 27) Tournament: June 30
Rainout #:	334-3131

Check out schedules & standings on the web:

www.teamsideline.com/Pullman

2018 COED SOFTBALL TEAM PLACEMENT FORM

THIS FORM MUST BE SUBMITTED WITH YOUR TEAM ROSTER AT REGISTRATION

TEAM NAME: _____ PREFERRED LEAGUE: A [] B [] C []

MANAGER'S NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

ASST. MANAGER: _____ EMAIL ADDRESS: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

Last year's information:

Team Name (if different): _____

Number of returning players: _____

2018 Requests/Preferences:

Would you prefer more (circle one): 4:00pm/5:15pm games or 6:30pm/7:45pm games

Dates/Times you prefer not to play (no guarantees):

Additional comments/requests:

Your response to the above questions will help determine team placement and league schedules. Pullman Parks & Recreation will make all final decisions.

GENERAL RELEASE AND AGREEMENT TO PARTICIPATE CITY OF PULLMAN PARKS AND RECREATION

I am aware that participating in Pullman Parks and Recreation activities can be dangerous and involve **risk of injury**. I understand that the dangers and risks of participating in Pullman Parks and Recreation activities include, but are not limited to potential injury to the muscular-skeletal system as well as potential injury or impairment to other aspects of my body, general health and well being, and the cardio-vascular system. Pullman Parks and Recreation participation can result in joint related injuries, broken bones, cuts, bruises, dislocations, head-neck-and-back related injuries, etc. My team captain or manager has explained specific hazards for each Pullman Parks and Recreation activity in which I am participating, to me.

In consideration for being permitted to participate in Pullman Parks and Recreation activities, I hereby voluntarily assume all risks of bodily injury or property damage associated with participation and agree to release and discharge the State of Washington, the City of Pullman, their agents, servants and employees, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any Pullman Parks and Recreation activities except those which are caused solely by negligence of Releasee.

Further, I am in good health, and I know of no medical reason why I am not able to participate in Pullman Parks and Recreation activities. Additionally, If I have an existing medical condition, I will obtain a release from my doctor to participate in Pullman Parks and Recreation activities and I will present this release to participate to the Recreation Superintendent of Pullman Parks and Recreation located at the Pioneer Center, 240 SE Dexter prior to any participation in a Pullman Parks and Recreation program or event. Also, I agree to abide by the rules set forth by Pullman Parks and Recreation and their designated officials.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while participating in Pullman Parks and Recreation activities.

I understand that it is my obligation to have a health insurance policy in effect while participating in any Pullman Parks and Recreation activity and to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident while participating or practicing in any Pullman Parks and Recreation activity.

I understand and agree that this General Release is governed by laws of the State of Washington and is intended to be as broad and inclusive as permitted by law and that if any part of it is held to be invalid, the balance of this General Release and Agreement to Participate shall continue in full force and effect.

I certify that I have carefully read all of the foregoing provisions, that I know and understand the contents hereof, that I have had the opportunity to seek legal counsel prior to signing it, and voluntarily sign this General Release and Agreement to Participate as my own free act.

PLEASE TURN OVER

Pullman Parks & Recreation 2018 COED SOFTBALL LEAGUE ROSTER

TEAM NAME: _____ PREFERRED LEAGUE: A [] B [] C []
 MANAGER'S NAME: _____ EMAIL ADDRESS: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 PRIMARY PHONE #: _____ SECONDARY PHONE#: _____
 ASST. MANAGER: _____ EMAIL: _____ PHONE #: _____

Player Name (Print Legible)	Age	Signature * *Under 18, Guardian Sig.	Phone #	Email Address
TEAM MANAGER:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

(Signature on roster indicates that player has read and understood indemnity agreement and rules)