

PULLMAN/MOSCOW 2018 MEN'S & WOMEN'S ADULT SOFTBALL INFORMATION PACKET

REGISTRATION:

- An official roster, placement form, and fees must be collected and submitted to the respective Parks and Recreation office **April 8-15 in Moscow or April 9-11 in Pullman**. *Teams must carry a minimum of 10 players on their roster.*

League Fees:

- Pullman: \$880.00
 - Moscow: \$833.00 (plus tax)
- All players must be listed on the official team roster. All teams will automatically be registered with Washington or Idaho A.S.A. accordingly through registration fees.

TEAM ELIGIBILITY:

1. Leagues available (all leagues are made up of teams from both Pullman & Moscow).
 - a) Men's A, B, & C slow-pitch
 - b) Women's slow-pitch
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:

- League Nights:**
- * Women's Mon/Wed
 - * Men's Tues/Thurs
- League Format:**
- * All Teams will be guaranteed 16 games (includes post-season tournament)
- League Dates:**
- * Women's Pre-Season: April 30 & May 2
 - * Men's Pre-Season: May 1 & 3
 - * League play begins the week of May 7

Check out schedules & standings on the web:

www.teamsideline.com/pullman

2018 SOFTBALL TEAM PLACEMENT FORM

THIS FORM MUST BE SUBMITTED WITH YOUR TEAM ROSTER AT REGISTRATION

TEAM NAME: _____

MANAGER'S NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

ASST. MANAGER: _____ EMAIL ADDRESS: _____

PRIMARY PHONE #: _____ SECONDARY PHONE#: _____

League Preferences

1. Division: Men Women
2. League: "A" "B" "C"

Last year's information:

3. Team Name (if different): _____
4. Number of returning players: _____

2017 Requests/Preferences:

5. Would you prefer more: 6:15pm/7:30pm games OR 7:30/8:45pm games
6. Can your team play a 6:15pm game in the opposing city? Yes _____ No* _____
7. Dates you prefer not to play (no guarantees):

8. Additional comments/requests:

Your response to the above questions will help determine team placement and league schedules for this league. League Supervisors will make all final decisions.

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

I am aware that participating in Pullman and/or Moscow Parks and Recreation activities can be dangerous and involve **risk of injury**. I understand that the dangers and risks of participating in Pullman and/or Moscow 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 and/or Moscow 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 and/or Moscow Parks and Recreation activity in which I am participating, to me.

In consideration for being permitted to participate in Pullman and/or Moscow 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, State of Idaho, the City of Moscow, 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 and/or Moscow 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 and/or Moscow Parks and Recreation activities. Additionally, If I have an existing medical condition, I will obtain a release from my doctor to participate in Pullman and/or Moscow 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 and/or Moscow Parks and Recreation, Recreation Supervisor located in the Hamilton Indoor Recreation Center prior to any participation in a Pullman and/or Moscow Parks and Recreation program or event. Also, I agree to abide by the rules set forth by Pullman Parks and Recreation and the City of Pullman and/or Moscow Parks and Recreation and the City of Moscow 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 and/or Moscow Parks and Recreation activities.

I understand that it is my obligation to have a health insurance policy in effect while participating in any Pullman and/or Moscow 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 and/or Moscow Parks and Recreation activity.

I understand and agree that this General Release is governed by laws of the State of Idaho and 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/Moscow Parks & Recreation 2018 ADULT 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)