CITY OF MERCED PARKS & COMMUNITY SERVICES ADULT SPRING SOFTBALL

JANUARY 27TH - FEBRUARY 28TH \$600 PER TEAM (10 GAMES)

20 PLAYER MAXIMUM PER TEAM ROSTER

FULL PAYMENT MUST BE RECEIVED TO SECURE SPACE IN THE LEAGUE

LEAGUES: MEN'S (TUES) COED (THURS.)

SEASON BEGINS WEEK OF MARCH 24TH SEASON ENDS WEEK OF JUNE 16TH



MANAGER'S MEETING UPDATE

MARCH 17TH, 2025 SAM PIPES ROOM 678 W 18TH ST.

COED: 5:30 PM MEN'S: 6:30 PM

For more information call (209) 385-6235 or email OrnelasS@cityofmerced.org

PARKS AND COMMUNITY SERVICES DEPARTMENT ADULT SOFTBALL REGISTRATION FORM



MEN'S CO-ED SOFTBALL

(A registration form and roster are required for EACH LEAGUE)

LEAGUE I (Upper) LEAGUE II (Middle) LEAGUE III (Lower)

(Number of leagues based on number of registered teams)

TEAM NAME									
GAME SCHEDULE									
Due to scheduling difficulties, we cannot guarantee your preferred game time.									
Games will be starting at 6pm.									
Game Nights	MONDAY	TUESDAY (MEN'S)	WEDNESDAY	THURSDAY (COED)	FRIDAY				
NO REFUNDS OR CHANGES MADE AFTER THE GAME SCHEDULE HAS BEEN COMPLETED									
ALL CORRESPONDENCE WILL BE EMAILED TO THE MANAGER									
TEAM MANAGER INFORMATION									
NAME									
ADDRESS		CITY		ZIP					
PHONE	ALT. PHONE								
E-MAIL									
SPONSOR INFORMATION									
NAME									
				STATE_	ZIP				
PHONE		E-MAIL							
*******IMPORTANT******									
Games are played Monday thru Friday evenings at Joe Herb Park.									

- Fees must be paid by designated deadline, and the manager is solely responsible for payment of the registration fee Teams wishing to participate in the league after the manager's meeting are subject to a late fee, and they are not guaranteed entrance into the league unless an opening exists.
- Players are allowed to play on a Men's or Women's team in addition to a Co-ed and an Industrial team. At no time may a player play on two (2) different men's or women's team. Same rule applies to Co-ed and Industrial.
- All managers and players are responsible for knowing the *Rules and Regulations* of the Adult Softball League and the *Participant Code of Conduct* for adult sports as set forth by the Parks and Recreation Department Copies are available upon request at the Parks & Recreation office (632 W. 18th St. Merced, CA 95340 385-6235).
- Managers of teams are directly responsible for the conduct of their players at all times.
- THE PLAYER IN HIS/HER OWN HANDWRITING MUST SIGN THIS AGREEMENT PRIOR TO SEASON BEGINNING. Any person signing this roster becomes the property of the above team until released by the Manager of the team. Any player who registers to play with more than one team in a given league is FROZEN on the team for which he/she FIRST plays a game.

CITY OF MERCED OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION

VOLUNTARY ASSUMPTION OF RISK FORM: I hereby acknowledge, that I have voluntarily registered to participate in the Merced Adult Softball program. I am aware that activities/events involving the sport of softball can be hazardous and pose certain risks, including, but not limited to weather conditions, playing conditions, equipment and other players. I am voluntarily participating in these activities/events with knowledge of the danger involved and hereby agree to accept any and all risks of injury or death. In consideration for my being permitted to participate in this Program, I hereby release, discharge and waive any and all claims against the City of Merced, its employees, referees, umpires or other agents, for any personal injury or property damage arising out of my participation in this Program. I am fully aware that the City of Merced does not carry medical, accident, or property damage insurance for this program. I have carefully read this statement of voluntary release and assumption of the risk and fully understand its contents. I am aware that this is a release of liability and a contract between myself and releasees, and I sign it of my own free will. I voluntarily sign my name evidencing my acceptance of the above provision.

PLAYER'S NAME (please print)	PLAYER'S SIGNATURE	EMAIL ADDRESS	ZIP	PHONE NUMBER			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
MANAGER'S AGREEMENT: This is an agreeme	I (manager's name) ent between I certifies that all players listed on that roster are	I (team name) _ of the ar plinible for play in City of Merced Parks and Rec	nd the City of	of Merced Parks & Recreation. The manager is rts Leagues. The manager is also responsible to			
see that his/her team complies with the rules att	ached and referred to herewith and any other re-	gulations set forth by the City of Merced Parks an	d Recreation	on relative to the operation of the City of Merced			
Sports Programs. TEAMS MUST PROVIDE OWN INSURANCE: The City of Merced does not carry medical or accident insurance on any of its City programs. This responsibility lies with each individual on a team. Insurance coverage is available through the appropriate softball governing body.*I CERTIFY THAT ALL THE PLAYERS LISTED HAVE READ THE ABOVE VOLUTARY ASSUMPTION OF RISK AGREEMENT							
BEFORE AFFIXING THEIR SIGNATURE. MANAGER'S SIGNATURE MANAGER'S SIGNATURE DATE							