

**St. Joseph Parks & Recreation Department  
Spring/Summer Softball Leagues  
2012 Team Registration Form - MEN'S LEAGUE**

**Registration Dates:** March 19 - April 30, 2012  
**League Schedule Pick Up Date:** Week of May 14<sup>th</sup> at Parks & Recreation Department Office  
**Season Dates:** May 20 - Late July

Registration is by team registration only. *Individual registration is not accepted.* Included with team registration is an 8 game schedule, softballs and ASA team registration. Registration is taken on a "first-come, first-serve" basis.  
Please complete the information below

TEAM NAME: \_\_\_\_\_  
 (Team Name is restricted to only 20 Characters/Letters - If you have more than 20 we will abbreviate your team name)

MANAGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ EVENING NUMBER: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(It will be the manager's responsibility to keep a current address and phone number on file with our department to ensure that you are notified of any changes pertaining to your team.) (ALL PERSONAL INFORMATION IS FOR ADMINISTRATIVE PURPOSES ONLY)

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PAYMENT OPTIONS: Please check one  
 Cash  Check  Credit Card

Please make checks payable to: **Parks & Recreation**

If fees are paid by check, only one check will be accepted, NO Exceptions! We will no longer accept payment from checks made out to the manager or check from each player for their portion.

Required information for all checks: (Cannot accept without this information)

DRIVER'S LICENSE # \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD PAYMENT: You must complete the following information.

Credit Card: Please check one  MasterCard  VISA  Discover

Print Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

3 digit Authorization Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize the Parks, Recreation & Civic Facilities Department to charge \$\_\_\_\_\_ to the above listed credit card account.

\_\_\_\_\_  
 Cardholders Signature Date

\*\*\*\*\*

(Required if played) 2012 Spring/Summer or Fall League Team Name: \_\_\_\_\_

**Team Class Information** (circle a number) **1 2 3 4**  
 (Please rate your team with 1 being the highest and 4 the lowest)

**(Circle League and Night)**

League Name	Nights Available	League Limits	Team Fee
Men's Slow Pitch	Sunday	18	\$300 includes softballs
	Tuesday (40 and over only)	8	\$300 includes softballs
	Wednesday	18	\$300 includes softballs
	Thursday	18	\$300 includes softballs

Special requests will be honored when possible, but cannot be guaranteed. LIST:

\_\_\_\_\_

Manager's Signature: \_\_\_\_\_

**St. Joseph Parks & Recreation Department  
Spring/Summer Softball Leagues  
2012 Team Registration Form - CO-ED and WOMEN**

**Registration Dates:** March 19 - April 30, 2012  
**League Schedule Pick Up Date:** Week of May 14 at Parks & Recreation Department Office  
**Season Dates:** May 20 – Late July

Registration is by team registration only. *Individual registration is not accepted.* Included with team registration is an 8 game schedule, softballs and ASA team registration. Registration is taken on a "first-come, first-serve" basis.  
Please complete the information below

TEAM NAME: \_\_\_\_\_  
 (Team Name is restricted to only 20 Characters/Letters - If you have more than 20 we will abbreviate your team name)

MANAGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ EVENING NUMBER: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(It will be the manager's responsibility to keep a current address and phone number on file with our department to ensure that you are notified of any changes pertaining to your team.) (ALL PERSONAL INFORMATION IS FOR ADMINISTRATIVE PURPOSES ONLY)

\*\*\*\*\*

PAYMENT OPTIONS: Please check one  
 Cash  Check  Credit Card

Please make checks payable to: **Parks & Recreation**

If fees are paid by check, only one check will be accepted, NO Exceptions! We will no longer accept payment from checks made out to the manager or check from each player for their portion.

Required information for all checks: (Cannot accept without this information)

DRIVER'S LICENSE # \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD PAYMENT: You must complete the following information.

Credit Card: Please check one  MasterCard  VISA  Discover

Print Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

3 digit Authorization Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize the Parks, Recreation & Civic Facilities Department to charge \$ \_\_\_\_\_ to the above listed credit card account.

\_\_\_\_\_  
 Cardholders Signature Date

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(Required if played) 2012 Spring/Summer or Fall League Team Name: \_\_\_\_\_

**Team Class Information** (circle a number) **1 2 3 4**

(Please rate your team with 1 being the highest and 4 the lowest)

**(Circle League and Night)**

League Name	Nights Available	League Limits	Team Fee
CO-ED	Sunday	18	\$300 includes softballs
	Monday	18	\$300 includes softballs
	Thursday	12	\$300 includes softballs
WOMEN'S	Wednesday	18	\$300 includes softballs

Special requests will be honored when possible, but cannot be guaranteed. LIST:

\_\_\_\_\_  
 Manager's Signature: \_\_\_\_\_

# Spring/Summer Softball Leagues 2012 Team Roster Form

PLAYER NAME

PHONE NUMBER

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____

PLAYERS CONTRACT  
Parks & Recreation Department  
St. Joseph, Missouri

Check One:  
Men \_\_\_ Women \_\_\_ Co-Ed \_\_\_  
Kickball \_\_\_

PLAYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_

PHONE \_\_\_\_\_  
TEAM \_\_\_\_\_  
ZIP \_\_\_\_\_

I hereby agree and contract, in consideration of the acceptance of this application as a "playing member" of this team, to fully comply with the constitution, bylaws, regulations and rules of the Amateur Softball Association of America and those of the Parks & Recreation Department Softball Leagues of St. Joseph. I agree to play with this team for this season, understanding that disorderly or unsportsmanlike conduct, or violation of this contract will be followed by suspension from amateur softball.

I understand that accepting money, checks or other considerations for my services will bar me from softball competition.

In consideration for my rights to play in the Leagues, I hereby for myself, heirs, executors and administrators, waive and release any and all right and claim for damages I may have against the Parks & Recreation Department Softball Leagues, park operators, team sponsors, their agents representatives or assigns for any and all injuries which may be suffered by me during this softball season.

Player's Signature \_\_\_\_\_

Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_  
(if under 18)

Date \_\_\_\_\_

PLAYERS CONTRACT  
Parks & Recreation Department  
St. Joseph, Missouri

Check One:  
Men \_\_\_ Women \_\_\_ Co-Ed \_\_\_  
Kickball \_\_\_

PLAYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_

PHONE \_\_\_\_\_  
TEAM \_\_\_\_\_  
ZIP \_\_\_\_\_

I hereby agree and contract, in consideration of the acceptance of this application as a "playing member" of this team, to fully comply with the constitution, bylaws, regulations and rules of the Amateur Softball Association of America and those of the Parks & Recreation Department Softball Leagues of St. Joseph. I agree to play with this team for this season, understanding that disorderly or unsportsmanlike conduct, or violation of this contract will be followed by suspension from amateur softball.

I understand that accepting money, checks or other considerations for my services will bar me from softball competition.

In consideration for my rights to play in the Leagues, I hereby for myself, heirs, executors and administrators, waive and release any and all right and claim for damages I may have against the Parks & Recreation Department Softball Leagues, park operators, team sponsors, their agents representatives or assigns for any and all injuries which may be suffered by me during this softball season.

Player's Signature \_\_\_\_\_

Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_  
(if under 18)

Date \_\_\_\_\_