



## Adult Softball Registration Policy

1. All Teams - entire fee is due at the time of registration.
2. All fees to be paid in District Office during regular Business hours (Mon-Thurs 8am-5pm & Fri 8am-noon). Payments can be made to the Athletic Director in the park with prior Arrangements.
3. \$100.00 is non-refundable should your team decide to pull out after the registration deadline. All fees are non-refundable once the schedule is released.

**\*NO EXCEPTIONS**

**\*EMAIL ADDRESS is REQUIRED**

**NO PERSONAL CHECKS(prior approval for business checks)**

**CASH, MONEY ORDER OR CREDIT CARD ONLY**



Beaumont Cherry Valley  
Recreation and Park District

[www.bcvparks.com](http://www.bcvparks.com)

# Adult Slow/ Fast Pitch Softball

## Fall League 2018 Entry Form

**Fall is 8 games plus playoffs**

**All entry forms must be completed and turned in by  
Thursday September 26, 2018 by 5:00pm**

The following items must be submitted together or entry will not be accepted:

**Team Entry Fee \$425.00\*** (umpire, balls, championship prize)

**Completed entry form** signed by the team manager.

**Roster** 18 person maximum, ages 16 & older

(under age 18, roster must be signed by a parent)

**\*Refer a new team** (no returning players) & get \$25 off the following season  
(limit to 4 referrals per season)

**BCVRPD Fall League will begin on October 2, 2018  
Managers will be contacted by email**

|   |                         |
|---|-------------------------|
| Team Name:  |                         |
| Sponsors Address (street, city, zip):   |                         |
| Managers Name (please print):   |                         |
| Address:  |                         |
| Phone:  | E-Mail <b>Required:</b> |
| Signature:  |                         |
| ( I the above agree to abide by All BCVRPD Adult Softball Rules, Regulations, and Policies) |                         |

### League and Night Requested (4 team minimum to play)

- Mon Women's     
  Tues Coed     
  Tues Mens /Church  
 Thur Coed  
 Fri Coed     
  Fri Coed Fastpitch     
  Sun.Coed

Are you willing to play a different night if necessary?     YES     NO

Office Use Only

**Contact:**  
Office : (951) 845-9555  
dodie@bcvparks.com

|                |                 |            |
|----------------|-----------------|------------|
| Payment: _____ | Receipt # _____ | Date _____ |
| Payment: _____ | Receipt # _____ | Date _____ |
| Payment: _____ | Receipt # _____ | Date _____ |

# Add/ Drop Fall 2018

Due no later than 1/2 way.  
(exception for injury)

**Beaumont Cherry Valley Recreation & Park District**  
 390 W. Oak Valley Parkway, Beaumont, Ca. 92223  
 Phone (951) 845-9555 Fax (951) 845-9557  
[www.bcvparks.com](http://www.bcvparks.com) [dodie@bcvparks.com](mailto:dodie@bcvparks.com)

|                   |                       |                 |
|-------------------|-----------------------|-----------------|
| <b>Team Name:</b> | <b>Season:</b>        | <b>Year:</b>    |
| <b>Manager:</b>   | <b>Assistant Mgr:</b> |                 |
| <b>Address:</b>   | <b>Address:</b>       |                 |
| <b>Phone:</b>     | <b>Cell #:</b>        | <b>Phone:</b>   |
| <b>E-Mail:</b>    | <b>REQUIRED</b>       | <b>E-Mail:</b>  |
|                   |                       | <b>REQUIRED</b> |

**THE FOLLOWING PLAYERS ARE TO BE DROPPED FROM THE ROSTER**

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**AGREEMENT, WAIVER AND RELEASE**

In consideration for being permitted by the above district to participate in any Adult Softball teams, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of, or connected in any way with, my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves and element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. I have read and agree to abide by the BCVRPD Code of Conduct

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT, AND I SIGN IT OF MY FREE WILL.**

| ADDITIONS TO TEAM ROSTER |      |         |      |       |           |
|--------------------------|------|---------|------|-------|-----------|
|                          | NAME | ADDRESS | CITY | PHONE | SIGNATURE |
| 1                        |      |         |      |       |           |
| 2                        |      |         |      |       |           |
| 3                        |      |         |      |       |           |
| 4                        |      |         |      |       |           |
| 5                        |      |         |      |       |           |
| 6                        |      |         |      |       |           |

TO ADD OR DROP MORE THAN 5 PLAYERS USE ADDITIONAL FORM

# Team Roster Fall 2018

Due no later than 3rd week,  
or team could be dropped.

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 390 W. Oak Valley Parkway, Beaumont, Ca. 92223  
 (951) 845-9555 phone (951) 845-9557 fax  
[www.bcvparks.com](http://www.bcvparks.com) [dodie@bcvparks.com](mailto:dodie@bcvparks.com)

|                   |                 |                       |                 |
|-------------------|-----------------|-----------------------|-----------------|
| <b>Team Name:</b> |                 | <b>Assistant Mgr:</b> |                 |
| <b>Manager:</b>   |                 | <b>Address:</b>       |                 |
| <b>Address:</b>   |                 |                       |                 |
| <b>Phone:</b>     | <b>Cell #:</b>  | <b>Phone:</b>         | <b>Cell #:</b>  |
| <b>E-Mail:</b>    | <b>REQUIRED</b> | <b>E-Mail:</b>        | <b>REQUIRED</b> |

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**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT, AND I SIGN IT OF MY FREE WILL.**

|    | NAME | ADDRESS | CITY | PHONE | SIGNATURE |
|----|------|---------|------|-------|-----------|
| 1  |      |         |      |       |           |
| 2  |      |         |      |       |           |
| 3  |      |         |      |       |           |
| 4  |      |         |      |       |           |
| 5  |      |         |      |       |           |
| 6  |      |         |      |       |           |
| 7  |      |         |      |       |           |
| 8  |      |         |      |       |           |
| 9  |      |         |      |       |           |
| 10 |      |         |      |       |           |
| 11 |      |         |      |       |           |
| 12 |      |         |      |       |           |
| 13 |      |         |      |       |           |
| 14 |      |         |      |       |           |
| 15 |      |         |      |       |           |
| 16 |      |         |      |       |           |
| 17 |      |         |      |       |           |
| 18 |      |         |      |       |           |

Once the original roster limit has been met you **MUST** use the Add/Drop Off form to add additional players