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

Summer is 8 games plus playoffs

All entry forms must be completed and turned in by Thursday July 5th, 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.

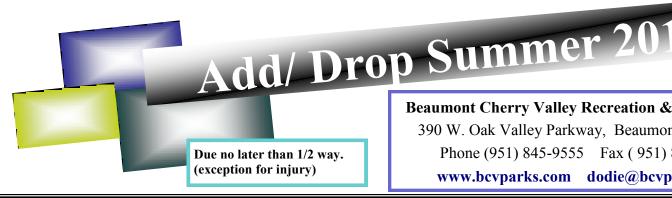
Roster 18 person maximum, ages 16 & older

(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 Summer League will begin on July 11, 2018 Managers will be contacted by email

Managers will be contacted by email					
eam Name:					
ponsors Address (street, city, zip):				
Managers Name (please print):					
Address:					
none: E-Mail Required:					
ignature:					
(I the above agree to abide by All B	CVRPD Adul	t Softball Rules, Reg	gulations, 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 Div 2					
Are you willing to play a differ	rent night if ne	ecessary? () YES	S () NO		
Office Use Only					
Contact:	Payment:	Receipt #	Date		
Office: (951) 845-9555	Payment:	Receipt #	Date		
dodie@bcvparks.com	Payment:	Receipt #	Date		



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 dodie@bcvparks.com

Team Name:		Season:	Year:
Manager:		Assistant Mgr:	
Address:		Address:	
Phone:	Cell #:	Phone:	Cell #:
E-Mail:	REQUIRED	E-Mail:	REQUIRED

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					



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Team Name:				
Manager:			Assistant Mgr:	
Address:			Address:	
Phone:	Cell #:		Phone:	Cell #:
E-Mail:	RE	CQUIRED	E-Mail:	REQUIRED

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	NAME	ADDRESS	CITY	PHONE	SIGNATURE
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