Softball Registration Form

Team Name: _____

Manager's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Assistant Manager's Name: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

League Classification (Please Circle Choices): Men's or Coed

Recreation / Lower / Middle / Upper / Men's Over 50

Night Preferred: _____ Second Preference: _____

Please list the nights you absolutely cannot play. We will do our best to accommodate any requests, but there are no guarantees _____

Teams you would like in your league _____

Revocation of league fees may result if any of the following occur by a player or team representative:

1. Failure to meet games as arranged.
2. Withdrawal from league play.
3. Unsportsmanlike or unbecoming conduct, fighting or being intoxicated.
4. Failure on the part of any player to abide by an official's or league director's decision.
5. Circumstances which may jeopardize the welfare of players and/or staff.
6. Damage to City owned or leased facilities.

Manager's Code: I will assume responsibility for getting information to my team, see that my player's conduct themselves in an orderly and sportsmanlike manner, abide by the decisions of the league director and game officials, inform the Parks and Recreation Department of any changes and abide by the policies and procedures as established for this league.

Fill out the following section if your team has played with another City, County or previous SLO league.

Previous Team Name: _____

Previous Level Played: Lower Middle Upper

Previous Win and Loss Record: _____

City/County where previously played: _____

Comments: _____

I certify that the above information, to the best of my knowledge, is correct. I realize that any falsification could jeopardize my entry into the league.

Signature: _____ Date: _____