City of Tempe 3500 South Rural Road Tempe, AZ 85282 480-350-5249 Parks and Recreation



# ADULT SOFTBALL MANAGER'S PACKET SPRING 2014 REGISTRATION

# **Registration- January 13<sup>th</sup>**



www.tempe.gov/adultsports

TEMPE PARKS AND RECREATION
Spring 2014 SLOW-PITCH SOFTBALL PROGRAM
MEN'S & CO-REC

### **REGISTRATION INFORMATION**

ENTRY FEE: Men's - \$550 Co-Rec - \$350

<u>Personal checks will not be accepted.</u> Business checks, cashier checks, or money orders that are made payable to the <u>City of Tempe</u> will be accepted. If you are paying with a credit or debit card we currently accept VISA, MASTERCARD, DISCOVER. The entry fee covers each teams cost for umpires, site supervisors, softballs, awards, lights and administrative staff.

#### WE NO LONGER ACCEPT AMERICAN EXPRESS.

**BUSINESS SPONSORSHIP:** Teams sponsored by a Tempe business must pay with a company check or company credit card at the time of registration. There will be no exceptions to this policy.

### **REGISTRATION PROCEDURE**

Registration will be accepted on the dates listed below in the Tempe Parks and Recreation office 3500 S. Rural Rd. (second floor – Tempe Library). **Faxed registrations will not be accepted.** 

#### REGISTRATION WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY:

- 1. The Team roster form filled out in its entirety.
- 2. An accepted method of payment listed previously in this document.

Parks and Recreation Staff will review registration materials during the registration process. Those teams with incomplete or unsatisfactory registration material will not be allowed to register until the required information is provided.

#### The registration dates are:

January 13<sup>th</sup> Monday 8AM – 10AM

Teams that have attended an organizational meeting after July 1, 2013

AND

1) Are sponsored by a Tempe business.

OR

2) With rosters comprised of 33% or more Tempe residents.

OR

3) Are returning from a previous season.

January 13<sup>th</sup> Monday 10AM – 11AM

Teams that have attended an organizational meeting after July 1, 2013

January 13<sup>th</sup> Monday 11AM – FILLED

Open Registration

**LEAGUE SCHEDULE:** The season will start following the end of the current season. Co-Rec leagues will play one game per week for seven weeks with an additional post-season single elimination tournament. Men's leagues will play two games per night for six weeks and conclude with a two game minimum tournament.

**TEAM ROSTER:** The key to successful roster preparation is to include on your *initial* roster those players that will make up the core majority of your team. Please carefully review the following information:

All players must be at least 18 years of age prior to participating. Team rosters may not contain less than **twelve** (12). The fully completed and current roster (names, addresses and phone numbers) must be submitted at the time of registration.

#### ALL ROSTER CHANGES MUST BE DONE AT THE FIELD OF PLAY.

#### **GENERAL INFORMATION**

**INSURANCE:** The City of Tempe does not provide individual accident insurance for any league participants. Each player is responsible for his/her own medical insurance coverage. Tempe Parks and Recreation urges all coaches and players that have an accident or injury situation to report it to the game umpire or field supervisor immediately. This is so the appropriate course of action may be taken right away.

**LOST OR STOLEN ITEMS:** Tempe Parks and Recreation is not responsible for lost or stolen items. Check with the site supervisor ASAP if you notice anything being lost or stolen. Never leave or hide valuables in your vehicle!!! Take them with you when you get to the field.

Please refer to the web site <u>www.tempe.gov/adultsports</u> for current information on the Tempe Parks and Recreation adult sports programs. You can find regular postings of league and tournament schedules, standings, and any up to the minute news that is available.

#### **RECREATION STAFF:**

Richard King Sr. Recreation Coordinator richard king@tempe.gov 480-350-5249

# CITY OF TEMPE

# PARKS & RECREATION

# **ADULT SPORTS**

## TEAM SPONSORSHIP APPLICATION

SPORT	
SEASON: FALL WINTER SPRINGx SUMME	R YEAR <u>2014</u>
SPONSORING BUSINESS	
ADDRESS	
CITY ZIP	
NUMBER OF EMPLOYEESBUSINESS PHONE	
BUSINESS CONTACT PERSON/TITLE	
IF THE BUSINESS NAME DOES NOT READILY EXPLAIN THE NATUR	
PLEASE DO SO NOW	
BUSINESS CONTACT SIGNATURE	
TEAM NAME	
TEAM MANAGER PHONE	

# **Tempe Parks and Recreation Softball Registration Form**

# **Returning Team**



**Please Print** 

<u>Please ch</u>	eck the	box if the l	pelow contact infor	mation differs f	rom last season.	. 🔲	
Team Nar	me						
Former Te	eam Nan	ne					
Manager							
Former M	lanager I	Name					
Address					_APT #		
City						Zip	
Phone (Ce	ell)		<del></del>	Phone (Home/0	Office)		
(E-mail) _							
Day of Play another nig		ank the days	below according to your	preference. <i>Note:</i>	You may not get yo	ur first choid	e so be prepared to play
Men's 12" Doubleheader:			Monday	Tuesday	Wednesd	ay	_Thursday
Co-Rec:			Friday	Sunday			
Teams wi	th previ	ous Tempe	e experience please	answer the foll	owing. This info	rmation is	s important!
<u>Season</u>		<u>Day</u>	<u>Field</u>				
Fall	2013		Dawson/Kiw	anis/Papago	Record		
Summer	2013		Dawson/Kiw	anis/Papago	Record		
Spring	2013		Dawson/Kiw	anis/Papago	Record		
Please understand that once the team registers no refunds are available unless the league is canceled.							
			FC	OR STAFF USE O	NLY		
			ENTRY FEE:	PAID BY:	STA	٦FF: ِ	

# Tempe Parks and Recreation

## **Softball Registration Form**

# **New Teams**

Spring 2014

Fill out completely.				
Team Name				
Manager Name				
Phone (Cell) Phone (Home/Office)				
E-mail Address				
Day of Play: Please rank the days below according to your preference. 1 is the highest rank				
Note: you may not get your first choice so be prepared to play another night.				
Men's 12" Doubleheader:MondayTuesdayWednesdayThursday				
Co-Rec:FridaySunday				
1) What is the primary purpose for forming a team? Competitive, Recreational, Team Building, Social, Other (can circle more than one)				
2) How many players on your roster have had experience playing slow pitch? 0 1 2 3 4 5 6 7+				
3) Has this team played together before? Yes No Some				
If yes, what is your prior league record? Wins Losses				
5) What level did you play? A, B, C, D				
6) How many players currently play on other nights? 0 1 2 3 4 5 6 7+				
7) How many players have never played before? 0 1 2 3 4 5 6 7+				
8) Do any men/women play tournament softball? Yes or No If yes, how many? 1 2 3 4 5 6 7+				
9) How many players are in each age group?				
(18-25) (25-30) (30-35) (35-40) (40-45) (45-50+)				
(Fill in the Blanks)				
Please understand that once the team registers no refunds are available unless the league is canceled.				
FOR STAFF USE ONLY				
FNTRY FFF: PAID BY: STAFF:				

Please print all								
information.		MEN'S SOFTBALL SPRING 2014						
City of Tempe	Parks and Recreation	"I have read and agree to all the rules of the City of Tempe League and verify to the best						
Sports League Re	gistration / Roster Form		of my knowledge information given is accurate and true. I also understand all participants					
TEAM NAME:		play at their own risk and are responsible for their own health insurance."						
MANAGER:		"I understand that I am responsible for the conduct of the players on my team."						
ADDRESS:		and the same control of the players						
CITY: ZIP:	<del></del>	Manager Name	Manager Name (Print) Signature					
CELL PHONE:	ALT PHONE:							
E-MAIL ADDRESS:		Asst Manager Name (Print)			Signature			
Team Roster: Name	Address	City	Zip	Home phone	Cell Phone			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

Please print all information.	COREC SOFTBALL SPRING 2014						
City of Tempe   Sports League Reg TEAM NAME:	"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance."						
MANAGER:		"I understand that I am responsible for the conduct of the players on my team."					
CITY:ZIP:		Manager Name (Print) Signature					
CELL PHONE:	ALT PHONE:						
E-MAIL ADDRESS:		Asst Manager Name (Print) Signature			Signature		
Team Roster: Name	Address	City	Zip	Home phone	Cell Phone		
FEMALE							
1							
2							
3							
4							
5							
6							
7							
8							
MALE							
1							
2							
3							
4							
5							
6							
7							
8							