



Clarksville Parks & Recreation

Phone: 812-283-5313
 Fax: 812-288-1380
 Info@ClarksvilleParks.com

2000 Broadway Street
 Suite 221
 Clarksville, IN 47129



Clarksville Softball Complex 2017 Adult Softball League Information

| | Early Summer League | Late Summer League |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| League Begins | The Week of May 1 | The Week of July 31 |
| League Fees (in full) and Roster/Waiver Due | April 17 | July 17 |
| Game Times & Days | Play Once Per Week 6:30, 7:30 and 8:30pm Mondays: Men's "E" Thursdays: Co-Ed | Play Once Per Week 6:30, 7:30 and 8:30pm Mondays: Men's "E" Thursdays: Co-Ed |
| Number of Games | 8 regular games and a single-elimination tournament | 8 regular games (no tournament) |
| League Fee | \$350 | \$310 |

Important Stuff...

- Games are held at the Clarksville Softball Complex, 961 Potters Lane in Clarksville.
- The first 12 teams that are **paid in full and have submitted their rosters** are accepted in each league on a first-come, first-served basis. We accept Cash, Checks, Visa, MasterCard and Discover.
- If your team is not accepted in the league, a refund will be issued. If a team drops from the league before the league starts, a full refund will be issued if a replacement team can be found. No refunds will be issued after the league begins.
- Rosters are limited to 25 players and will be reviewed – only "E" (recreational) players will be permitted to play in our leagues. After the league begins, the rosters/waivers will be kept in the score tower. Players' names may be **added** or **deleted** from the roster **before** the start of the **third game**. All players **must** sign the roster/waiver form prior to play, even if it is after the start of your third game. For example, if a player's name is added before the start of the third game, but they do not play until the last game, they still must sign the waiver before the game begins.
- Game balls will be provided.
- One umpire will be provided at each game.
- The league champion will receive a voucher for \$100 off a future league registration and the tournament champion will receive a trophy.
- If the weather is inclement, a decision to cancel will be made at approximately 3:30pm on game day and will be emailed and texted to the manager and posted on or Facebook page: www.facebook.com/ClarksvilleINParks. Managers who wish to receive text alerts will need to email their cell number and provider to softball@clarksvilleparks.com. PLEASE DO NOT CALL THE PARKS OFFICE FOR RAINOUT INFORMATION!
- The above information is not a comprehensive set of rules. A complete set of rules will be given to managers during a brief meeting prior to the start of each league.
- Schedules and league standings will be emailed to the manager and will also be posted at www.clarksvilleparks.com.



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Clarksville Softball Complex 2017 Adult Softball League Application

League Preference (please check one)

| Early Summer League | Late Summer League |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Men's "E" on Mondays | <input type="checkbox"/> Men's "E" on Mondays |
| <input type="checkbox"/> Co-Ed on Thursdays | <input type="checkbox"/> Co-Ed on Thursdays |

Team Name _____

Manager's Name _____

E-mail Address (**REQUIRED!**) _____

Street _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Cell Phone Provider if You Wish to Receive Text Alerts (such as AT&T, Verizon, etc.) _____

I, the undersigned, as manager and representative of the team listed above, understand that I am personally liable for submitting the roster/waiver and for payment of all league fees due to the Clarksville Parks and Recreation Department. I understand that the application will not be accepted without signature and full league fee. I understand that no team is guaranteed a position in any Clarksville Parks and Recreation Softball League.

Signature

Date

Method of Payment: Cash Check Credit Card

Card Holder Name _____

Card Number _____

Expiration _____ CCV _____

Signature _____

Clarksville Parks and Recreation Department 2017 Adult Softball League Roster / Waiver of Liability

In order to be accepted in a league, this form MUST be turned in with the League Application and Fee! No exceptions.

*After the league begins, the rosters/waivers will be kept in the score tower. Players' names may be **added** or **deleted** from the roster **before** the start of the **third game**. All players **must** sign the roster/waiver form prior to play, even if it is after the start of your third game. For example, if a player's name is added before the start of the third game, but they do not play until the last game, they still must sign the waiver before the game begins. Rosters are limited to 25 players and will be reviewed – only "E" players will be permitted to play in our leagues.*

EARLY SUMMER LATE SUMMER

TEAM NAME _____

In consideration of my participation in the Clarksville Parks and Recreation Department Softball League, I hereby for myself, my heirs, executors, administrators, subrogee and assigns, do release, waive, and discharge forever any and all rights, actions or claims for damages which may arise against the Town of Clarksville, Clarksville Parks and Recreation Board, Clarksville Parks and Recreation Department, their employees, officers and agents, as well as any other persons or sponsors, as a result of my participation in said league. I further agree to indemnify and hold the above individuals and entities harmless from any and all claims which may be made against them as a result of participation in said league. I attest and verify that I have full knowledge of the risk involved in this activity and that I am physically fit and sufficiently trained to participate.

| NAME | DATE OF BIRTH | SIGNATURE | DATE |
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MANAGER'S AFFIDAVIT

On behalf of _____ (TEAM NAME), I do hereby verify that the signatures of my teammates on the foregoing Release and Waiver of Liability are genuine, and that each team member personally signed said document of his or her own volition and free will. This verification is made with full knowledge that it will be relied upon by the Clarksville Parks and Recreation Department, and it is made to induce said department to accept the signatures of my team herein. The undersigned, as manager and team representative, I understand that I am responsible for acquiring team signatures and making team fully aware of the policies of the Clarksville Parks and Recreation Department.

Manager's Signature _____

Date _____