



Artesia Parks & Recreation Department  
18750 Clarkdale Avenue, Artesia, CA 90701  
Phone: (562) 860-3361 Fax: (562) 860-0750  
*Creating Community through People,  
Parks and Programs*

### **Adult Leagues**

## **Men's Slow-pitch, Men's Fast-pitch, Woman's Fast-pitch, Co-Ed Slow-pitch**

- All games are played at Artesia Park
- First 8 teams to pay league fees are guaranteed a spot.
- Teams pay umpire fees at games.
- 8-10 games are guaranteed for all leagues, top 4 teams make playoffs.
- Maximum of 18 players per teams.
- Awards are given to the 1<sup>st</sup> and 2<sup>nd</sup> place for the playoffs.

### **Wednesday -Men's Fast-pitch**

**Team Fees-\$280+\$50 Forfeit Fee**

### **Wednesday-Women's Fast-pitch**

**Team Fees-\$280+\$50 Forfeit Fee**

### **Friday -Co-Ed "C"- "D" Slow-pitch**

**Team Fees- \$320 +\$30 Forfeit Fee**

### **Friday -Men's "C"- "D" Slow-pitch**

**Team Fees- \$320 +\$30 Forfeit Fee**

City of Artesia  
Parks & Recreation Department  
Adult Softball Leagues  
Entry Form

Team Name: \_\_\_\_\_

Team Manager: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET CITY ZIP CODE

Telephone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Assistant Team Manager: \_\_\_\_\_  
LAST FIRST MIDDLE

Telephone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

In consideration of you accepting my entry in the City of Artesia Adult Softball Program, I hereby for myself, my heirs, executors, administrators and assignees, waive and release any and all claims for damages against the organization, this event, its agents, representatives, successors for any and all injuries suffered by me or any of my players at and during said events.

Also acknowledge any responsibility in paying the sports section of the City of Artesia Recreation Department Office all fees charged against my team, which fees, I understand, are those occurring through our participation, league or competitive games. In the event of any fees not paid in full by an allotted time as prescribed in the latest edition of the City of Artesia Adult Softball Rules, I hereby agree that my team may be dismissed from the league without a refund.

I furthermore agree to abide and explain to my coaches and players the latest edition of the City of Artesia Adult Softball Program and S.C.A.M.F softball rules (Slow-pitch Teams) or A.S.A Softball rules (Fast-Pitch Teams). It is further understood that if any manager, coach, or player violates any of the rules from the Code of Conduct, such player can either be suspended and /or dismissed from the all leagues.

**Refunds and Withdrawals:** Refunds will not be issued after the commencement of the league. An administration charge of 10%, not to exceed \$25 or less then \$3 per program will be deducted from all refund requests. A full refund will only be made when a program is cancelled, discontinued or rescheduled by the city. To obtain a refund of the program fee, your signature request must be delivered to the above address prior to the first day of scheduled program or activity

\_\_\_\_\_  
 Team Manager Signature Asst. Team Manager Signature Date

\_\_\_\_\_  
 Email Address Email Address

Check the Night and Division you consider your team to play:

- Wednesday Men's Fast-Pitch C     Friday Co-Ed Slow Pitch C     Friday Men's Slow Pitch C  
 Wednesday Woman's Fast-Pitch     Friday Co-Ed Slow Pitch D     Friday Men's Slow Pitch D

Office Use ONLY

- Roster Form Check                       Player Waivers

League Fee Receipt #: \_\_\_\_\_ Forfeit Fee Receipt #: \_\_\_\_\_

City of Artesia  
Parks & Recreation Department  
Player Waiver, Release of Liability and Indemnification Agreement  
**Roster**

I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and The Artesia Adult Softball leagues. 2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. 4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of team designated below and in consideration for permission to play on the fields arranged for by the team or league: 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play. 2. I release, discharge and agree not to sue the team and league designated below, the City of Artesia or other entity designated below, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

**I acknowledge that I have read and that I understand each and every one of the provisions in this waiver, release of liability and indemnification agreement and agree to abide by them.**

Team Name: \_\_\_\_\_

	Last	First	City	Phone	Signature
1.	_____	_____	_____	( ) _____	_____
2.	_____	_____	_____	( ) _____	_____
3.	_____	_____	_____	( ) _____	_____
4.	_____	_____	_____	( ) _____	_____
5.	_____	_____	_____	( ) _____	_____
6.	_____	_____	_____	( ) _____	_____
7.	_____	_____	_____	( ) _____	_____
8.	_____	_____	_____	( ) _____	_____
9.	_____	_____	_____	( ) _____	_____
10.	_____	_____	_____	( ) _____	_____
11.	_____	_____	_____	( ) _____	_____
12.	_____	_____	_____	( ) _____	_____
13.	_____	_____	_____	( ) _____	_____
14.	_____	_____	_____	( ) _____	_____
15.	_____	_____	_____	( ) _____	_____
16.	_____	_____	_____	( ) _____	_____
17.	_____	_____	_____	( ) _____	_____
18.	_____	_____	_____	( ) _____	_____

**REGISTRATION FORM ~ ADULT**  
**City of Artesia Parks & Recreation Department**  
 18750 Clarkdale Avenue, Artesia, CA 90701 (562) 860-3361  
 11870 169<sup>th</sup> Street, Artesia, CA 90791 (562) 407-1723

**Class/Activity:** \_\_\_\_\_

(Please Print Clearly and Legibly)

Participant Name		
Last:	First:	
Address:	City:	Zip:
Email Address:	Contact Phone #:	
Person to be called in case of an EMERGENCY:		
Name:	Relationship:	
Address:	Phone No.:	

**General Information** - Mail or deliver the completed registration form with the required fee(s) to the above address prior to the start of the program/class or event. Cash, personal or cashier's checks, credit or debit cards with Visa or MasterCard logos accepted. **Check Payment(s) must be made payable to the "City of Artesia."** For debit/credit card payments, a flat fee of \$2.50 for transactions under \$100 **OR** 3% for all transactions over \$100 is applied to the transaction as a **nonrefundable convenience fee**.

**Refunds** - A full refund will be made only when a program or class is cancelled or discontinued by the City. No refund will be issued for Senior Excursions unless cancelled by the City. Requests 3 days or more before start of class will be refunded less 10% administrative fee per registrant; after first day of class, 25% admin. fee will be deducted from refund. No refund made after the first week of the program or class. Specific program refund policy may apply. Check with Program Coordinator for details. Allow 2-3 weeks from the time of the refund request for processing.

**Cancellation Policy** - Programs that do not reach the minimum participation requirements will be cancelled. If the City of Artesia discontinues or cancels a program a full refund will automatically be processed beginning 7 days after cancellation.

**Returned Checks** - A \$5 service charge will be applied for checks returned for any reason, unless banking institution charges a higher amount. A stop payment on a check does not constitute official withdrawal. Failure to settle any returned check debt will result in additional collection fees.

Park office hours vary by location. If you have any questions, please call the numbers above for hours of operation.

**CONSENT TO RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE**

I, \_\_\_\_\_, fully understand that my participation in the \_\_\_\_\_ (name of program/event/class) on these dates \_\_\_\_\_ exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in the City of Artesia's \_\_\_\_\_ and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Artesia, its officers and employees, for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City of Artesia, its officers and employees or any other participants in the program/event/class. The parties to this agreement understand that this document is not intended to release any party from any act or omission of gross negligence.

I authorize the City of Artesia personnel, any hospital or emergency medical facility and the registered physicians licensed under the provisions of the medical staff of the facility, to perform any diagnosis or treatment necessary during my care. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Artesia, its officers and employees from any and all claims, demands actions or suits arising out of or in connection with my participation in any of the program/event/class held at the City of Artesia.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_