



ESCONDIDO RECREATION

Community Services Department
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4691 office
(760) 839-4549 hotline
recreation.escondido.org

SUMMER 2020

ADULT SOFTBALL LEAGUES REGISTRATION PACKET

\$400 REGULAR REGISTRATION – May 4, 2020 to May 29, 2020

\$450 LATE REGISTRATION – May 26, 2020 to May 29, 2020

**REGULAR SEASON SCHEDULES E-MAILED TO TEAM MANAGERS & POSTED ONLINE –
Due to COVID-19 - TBA**

CLASSIFICATION/PRESEASON GAMES TO BEGIN – TBA

******PLEASE READ CAREFULLY******

A person may register for more than one league; however, they may only play on one team within that league. All games are played at Kit Carson Park, 3333 Bear Valley Parkway, Escondido. All adult level players must be 18 years and up to participate in the adult leagues. Exception: (a) Player is turning 18 during the season, (case-by-case). (b) Player is turning 35 during the season. League director has the discretion to modify the rule at any time. All Game times are 6:20pm, 7:35pm, and 8:50pm unless otherwise noted on schedule.

The following leagues will be offered by the Recreation Division:

Monday – Coed A, B, C, & D

Tuesday – Coed A & B

Wednesday – Coed 35+

Thursday – Men's 35+ A & B

Friday – Men's A, B, C, & D

REGISTRATION PROCEDURES

REGISTRATION

Registration for ALL divisions will be accepted starting Monday, May 4, 2020 at the Community Services Department, City Hall, 201 North Broadway. **Registration deadline without a penalty is Friday, May 22 before 4:45pm PM.**

Turn in completed packet to City of Escondido, Adult Softball, 201 N. Broadway, Escondido CA 92025.

INCOMPLETE OR LATE PACKETS WILL NOT BE ACCEPTED!

LATE REGISTRATION – If space is available, late registration will be accepted up to May 29 at 4:45pm with a \$50 late fee.

ALL REGISTRATION FEES ARE NON REFUNDABLE – Unless league play is cancelled due to low enrollment

No Personal Checks Will Be Accepted! - Only certified check, money order, or company check made payable to “City of Escondido” will be accepted for mail in. Cash or credit cards will also be accepted for payment during walk in or late registration. (MasterCard & Visa)

NOTE: Registration does not ensure a spot in the league. Rosters must be verified before a team is accepted. ALL REGISTRATION FEES ARE NON-REFUNDABLE.

The following items must be completed:

1. Team Information Card – Must include the name and email address of the manager, the league the team is registering for, and the rating you feel is appropriate for your team.
2. Player Attendance Sheet - Please complete the attendance sheet and include all players. **No team will be allowed to register without this form completed.**
3. Player Liability Waiver Forms - The waiver must be filled out and signed by each player. A maximum of 18 players can be carried on each roster. A minimum of eight (8) signatures must be filled out at the time of registration. Any signatures of players which are found to be falsified will result in the player and manager being removed from league play. A \$2 fee will be charged for each player added to the roster after it has been turned in. Each team may also carry two (2) non-playing managers or coaches. Faxed signatures are accepted.

UMPIRES AND SCOREKEEPER FEES – Umpire \$14 per team/game, Scorekeeper \$8 per team/game.

Umpires and scorekeepers will be assigned for all games and in slow-pitch two (2) umpires may be used for post season games, and one (1) umpire for classification and league games. One scorekeeper will be assigned. Teams will be required to pay the umpire and scorekeeper before each game (**cash only, exact change**).

RULES – Official Rules are SCMAF (Southern California Municipal Athletic Federation)

A copy of the "house" rules is available on the Escondido Recreation website or at the softball office at Kit Carson Park.

PLAYING FIELDS

Leagues will play in Kit Carson Park, 3333 Bear Valley Parkway. Games will be played in the adult softball complex located in the southern section of the park. The adult complex consists of four lighted fields and restrooms.

SCHEDULE'S E-MAILED – This will be your only notification

Schedules will be posted on the adult softball webpage <http://recreation.escondido.org/adult-softball.aspx> by TBA, 2020. The manager's will be emailed the schedule on or before TBA as well. If you have any additional questions or concerns, please contact the Adult Softball Staff.

CITY OF ESCONDIDO
Community Services Department
Recreation Division
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4691

FOR INTERNAL USE ONLY
DATE TURNED IN _____
League _____
Packet number _____
Percentage of _____
Residents _____
METHOD OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

SUMMER 2020 TEAM INFORMATION CARD

We hereby make application to enter the Escondido Community Services Department Softball League.

_____ We wish to be registered as a RESIDENT TEAM (75% of the team members live within the city limits of Escondido).
Initial

_____ We wish to be registered as a NONRESIDENT TEAM.
Initial

CIRCLE DESIRED LEAGUE:

CoEd (Monday) CoEd (Tuesday) CoEd 35+ (Wednesday)

Men's 35+ (Thursday) Men's (Friday)

PLEASE PRINT LEGIBLE

Team Name _____ Sponsor _____
Manager's Name _____ Phone (H) () _____ (cell) () _____
Mailing Address _____ City _____ Zip _____
E-mail address _____
Assistant Manager _____ Phone (H) () _____ (cell) () _____
E-mail address _____

Did your team play last year? Yes Under what name? _____ No

How would you rate your team, with "A" being the best? (*circle*)

Co-Ed (Monday) 24 teams	A	B	C	D
Co-Ed (Tuesday) 6 to 12 teams	A	B		
Co-Ed 35+ (Wednesday) 6 to 12 teams	A	B		
Men's 35+ (Thursday) 12 to 16 teams	A	B		
Men's (Friday) 24 teams	A	B	C	D

TEAMS ARE PLACED BY REGISTRATION DATE ACCORDING THE DAY AND DIVISION. NOT ALL REQUESTS ARE A GUARANTEE WHICH NIGHT A TEAM WILL PLAY. REGISTRATION FEES ARE NONREFUNDABLE, EXCEPTION: IF THE LEAGUE DOES NOT HAVE ENOUGH TEAMS. THE EARLIER YOUR TEAM SIGNS UP, THE MORE SECURE YOUR SPOT WILL BE FOR YOUR DESIRED NIGHT. LEAGUES COULD HAVE AN OVERFLOW NIGHT TO FIT IN ALL GAMES.

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SPORTS LEAGUE TEAM WAIVER FORM

Team Name: _____

Print Name: _____ Phone: (home) _____ Email _____

Address: _____ City: _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____

LIABILITY WAIVER

I agree to indemnify, defend and hold harmless the City of Escondido, its officers, agents and employees from any and all loss, damage, liability, cost or expenses arising out of or resulting from the use of equipment or property owned by or under the control of the City of Escondido whether or not that liability, loss or damage is caused by or arises out of any act or omissions of the City of Escondido, its officers, agents or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activity in which I am participating. I hereby assume the risk of any injuries that I may sustain during any of the activities. I forever discharge the City of Escondido, its officers, agents and employees from any actions, suits, damages, claims or judgments that may result from any personal injuries or property damages that I may sustain while using City property or equipment, or while participating in any activity sponsored by the City of Escondido.

I understand that the City may take photographs for the use in City publications and news releases without my written consent.

I have read the above Waiver/Release of liability and understand it.

Player's Signature: _____ Date: _____

Team Name: _____

Print Name: _____ Phone: (home) _____ Email _____

Address: _____ City: _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____

LIABILITY WAIVER

I agree to indemnify, defend and hold harmless the City of Escondido, its officers, agents and employees from any and all loss, damage, liability, cost or expenses arising out of or resulting from the use of equipment or property owned by or under the control of the City of Escondido whether or not that liability, loss or damage is caused by or arises out of any act or omissions of the City of Escondido, its officers, agents or employees.

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I understand that the City may take photographs for the use in City publications and news releases without my written consent.

I have read the above Waiver/Release of liability and understand it.

Player's Signature: _____ Date: _____

PLAYER ATTENDANCE SHEET

MUST BE TURNED IN AT TIME OF REGISTRATION

Please indicate if you are non-playing manager

_____ TEAM NAME

FOR OFFICE USE ONLY	
1st Half	2nd Half
League _____	_____
Division _____	_____
Field _____	_____

(Please print) PLAYER'S NAME	(Please print) REPLACEMENT PLAYER	Waiver Signed	Add Date	Drop Date					
Manager - 1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									

FOR OFFICE USE ONLY
Season _____
Division _____ Team Name _____