**LEAGUE INFORMATION PACKET**

**FAIRVIEW PARK RECREATION DEPARTMENT**

**2023 ADULT SOFTBALL**

**SUMMER SESSION**

**SUNDAY COED LEAGUE**

**MONDAY/WEDNESDAY MEN’S LEAGUE**

****

**Fairview Park Recreation Department**

21225 Lorain RoadFairview Park, Ohio 44126

440.356.4444 ext.103

440.356.4434 FAX

Email: [josue.collazo@fairviewpark.org](mailto:josue.collazo@fairviewpark.org)

The Fairview Park Recreation Department will be offering (2) adult softball leagues for the Summer 2023 session.

* All FPRD Adult Softball Leagues follow ASA guidelines
* Managers will receive a league information packet via email with detailed information regarding scheduling, rules, and important dates
* ROSTERS MUST be submitted on or before the day of your first scheduled game
* Refundable Forfeit Fee of $100 must be submitted via personal CHECK on or before your first scheduled game. Cash will no longer be accepted.
* Be sure to have all your paperwork and fees in at time of registration to secure a spot for your team before the registration deadline of May 1st, 2023**.**
* Game Fees will be $25 per GAME ($50 per double header) Fee includes umpire and scorekeeper.
* Make checks payable to the Fairview Park Recreation Department

**CALENDAR OF EVENTS**

Monday March 27 Team registration begins

Monday May 1 Team registration concludes

Monday May 8 League information sent to managers

Monday May 15 Men’s League Begins

Sunday May 21st COED League begins

***\*All dates are tentative and subject to change\****

**FAIRVIEW PARK RECREATION DEPARTMENT**

**Summer 2022 Adult Softball League**

**Team Registration Form**

Having reviewed the registration and fee procedures as established by the Fairview Park Recreation Department, we wish to enter a team in one of the leagues listed below. **(Checks payable to Fairview Park & Recreation Dept.)**

**Coed Sunday League \_\_\_\_\_\_\_ $325 registration fee**

**Men’s Monday/Wednesday League \_\_\_\_\_\_\_ $325 registration fee**

League fee is due at the time of registration. Your league fee covers onsite supervisor, softballs, and league awards. Regular season runs for eight (8) sets of Double Headers. Umpires are to be paid **ONSITE**. **Fee is $25.00 to be paid by each team for each GAME ($50 per double header). Must have exact change.**

***Gemini Center Staff: Enter information under individuals name NOT team name***

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ League (circle one): **Coed Men’s**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Home Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**LIST ANY SCHEDULING PREFERENCES ON THIS FORM IN THE BOX BELOW**

Method of Payment: Credit: \_\_\_\_\_\_\_\_\_\_\_\_ Check: \_\_\_\_\_\_\_\_\_\_\_\_ Check No.: \_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_\_\_\_

Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_

Our roster is enclosed: Yes [ ] or No [ ]

|  |
| --- |
| TEAM ROSTER – HOLD HARMLESS AGREEMENT |

I agree to play with the below mentioned team for the playing season **2023\_\_\_**, or until released by such team according to the rules and regulations of the Fairview Park & Recreation Adult Sports Leagues, a copy of which is available at The Gemini Center at 21225 Lorain Road, Fairview Park, Ohio 44126. I further agree to release the Fairview Park and Recreation Adult Sports Leagues, the Gemini Center, and the person firm or corporation backing of this team from all liabilities and from any injuries sustained or incurred by me while participating in activities of the Fairview Park and Recreation Department.

League**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*If manager participates in games, complete information below as well*)**

**TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Player’s Name** | **Phone** | **Address**  **City, State, Zip** | **Signature** |
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| 15. |  |  |  |
| 16. |  |  |  |
| 17. |  |  |  |
| 18. |  |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the team manager of the above-mentioned team, do certify that all signatures on this official team roster are original that only those individuals signing the above shall participate in team activities and that failure to have player personally sign the roster may subject the manager and player to suspension.

Official Team Roster is void unless countersigned by the Program Coordinator.

Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_