

2017 COORS LIGHT WHITE ROSE SOFTBALL LEAGUE

TEAM REGISTRATION FORM

PLEASE CHECK ONE: WOMEN'S _____ MEN'S _____
C, D & E classification teams only

TEAM NAME _____

MANAGER _____ PHONE (H) _____ (W) _____

EMAIL _____ CELL _____

ADDRESS _____ CITY/STATE _____ ZIP _____

ASSIST. MANAGER _____ PHONE (H) _____ (W) _____

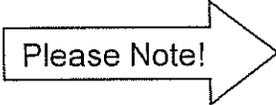
EMAIL _____ CELL _____

TEAM NAME LAST YEAR _____

DIVISION PLAYED LAST YEAR _____

PREFERENCE OF NIGHT PLAY IN 2017 SEASON

(There is no guarantee you will get your preference)



Any special requests must be in writing and accompany this form.

I do hereby agree with my signature to abide by all rules and by-laws of the ASA and the COORS LIGHT White Rose Softball League.

MANAGER'S SIGNATURE _____ DATE _____

**ADDRESS AND TELEPHONE NUMBERS OF THE MANAGER AND TELEPHONE NUMBERS OF THE ASSISTANT MANAGER MUST BE FILLED IN ON THE FORM AT THE APPROPRIATE SPACE!
(Notify league office if there are any address or telephone number changes)**

PLEASE NOTE: On roster, all players must sign and fill out what team(s) they have played for during the last three years. The player is not eligible if both are not complete.

OFFICE USE ONLY

ENTRY FEE: \$795.00 (Check payable to York Recreation & Parks plus \$25 **ASA** fee (separate payment payable to ASA of PA) \$20 **USSSA** fee separate payment payable to USSSA of PA and \$15 additional fee due for each **non-city resident on roster**)

DATE PAID: _____ (If paid after February 20, 2017 the fee is \$845.00)

LEAGUE FEE
CHECK NUMBER: _____ (_____) CHECK IF PAYMENT MADE BY CASH

ASA CHECK #: _____ (_____) ASA FEE IF PAYMENT MADE BY CASH
USSSA CHECK # _____ (_____) USSSA FEE IF PAYMENT MADE BY CASH

RECEIPT NUMBER: _____ Total amount paid (entry fee + non-city resident fee) _____
Non-city Resident Fee (After 2/27/16) _____

INITIALS: _____

PLAYERS AGREEMENT – 2017

I do further agree to play softball for the above club with no compensation or article of value for my services and that I will play in accordance with all ASA playing rules and/or by-laws of the league during the 2017 season. **I understand that by signing this contract I have committed myself to play for no other team during the 2017 season.**

I further promise to return all team or league property placed in my custody or loaned for use, on demand, or on being released from the above mentioned club.

I further promise to return my uniform to the manager within 30 days after the season ends. If my uniform is not returned, I will not be permitted to play for any other team for one year.

I do further release and hold harmless the City of York, COORS LIGHT, and any of its officers and employees from any and all claims and causes of action for personal injury arising or growing out of the activities of the undersigned involving or indirectly related to the activities of the COORS LIGHT White Rose Softball League.

I further agree to indemnify and hold the City and COORS LIGHT harmless from any and all injuries, damages, causes of action or claims asserted by third persons against the City of York. The indemnification shall include costs of suits or other costs associated with defending a claim including reasonable attorney fees.

√ ONE

(Playing background for 2016, 2015 & 2014 must be filled out for all players)

| | | City Resident | Non-City Resident |
|--------------------------|----------------------------------|--------------------------|--------------------------|
| 1. Name (print) _____ | Signature _____ Phone # _____ | | |
| I played for (Team Name) | | | |
| 2016 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2015 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2014 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Name (print) _____ | Signature _____ Phone # _____ | | |
| I played for (Team Name) | | | |
| 2016 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2015 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2014 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name (print) _____ | Signature _____ Phone # _____ | | |
| I played for (Team Name) | | | |
| 2016 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2015 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2014 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Name (print) _____ | Signature _____ Phone # _____ | | |
| I played for (Team Name) | | | |
| 2016 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2015 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2014 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |

TEAM NAME _____

√ ONE

City Resident Non-City Resident

5. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name)
2016 _____
2015 _____
2014 _____

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

6. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name)
2016 _____
2015 _____
2014 _____

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

7. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name)
2016 _____
2015 _____
2014 _____

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

8. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name)
2016 _____
2015 _____
2014 _____

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

9. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name)
2016 _____
2015 _____
2014 _____

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

10. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name)
2016 _____
2015 _____
2014 _____

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

11. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name)
2016 _____
2015 _____
2014 _____

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

TEAM NAME _____

√ ONE

City Resident Non-City Resident

12. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

13. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

14. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

15. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

16. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

17. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

18. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

TEAM NAME _____

√ ONE

City Resident Non-City Resident

19. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

20. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

21. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

22. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

23. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

24. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

25. Name (print) _____ Signature _____
Phone # _____

I played for (Team Name) _____
2016 _____
2015 _____
2014 _____

REMINDER

**THERE IS A \$15 FEE FOR EVERY
NON-CITY RESIDENT ON YOUR
ROSTER. FEES ARE DUE WITH
TEAM REGISTRATION FEE.**

**PROOF OF CITY RESIDENCY
(PHOTO I.D. OR SEWER BILL) FOR
CITY RESIDENTS ON ROSTER
MUST ACCOMPANY THIS FORM.**

**PLAYERS ARE INELIGIBLE UNTIL
FEE OR I.D.'S ARE TURNED IN.**