



RANCHO SIMI RECREATION AND PARK DISTRICT OAK PARK COED SLOW PITCH SOFTBALL LEAGUE

2008 FALL SEASON

- STRUCTURE** League can accommodate 6 teams each night. Teams could play games at **6:30, 7:45 & 9:00 pm**. Games will be played Monday, in Oak Park (corner of Kanan Road and Los Arcos).
- LEAGUE FEE** \$500.00 – *One Personal Check/Cashier's Check, Cash or Credit Card*. Checks returned for any reason, teams will be removed from league. Fees are required at time of registration. NO EXCEPTIONS!
- SEASON** Games will begin Wednesday August 27th, 2008 and last approximately 12 weeks including playoffs.
- ROSTER** Each roster is limited to 16, including the manager. Only teams with a minimum of six (6) rostered Oak Park residents will be given priority if received before Tuesday June 3rd. Teams will be registered on a first-come basis. Players may play on one team per night only. Use of illegal, non-rostered players will result in manager two game suspension.
- AWARDS** Division Champion - First place team and 16 individual awards.
Division Runner-Up - Second place team award.
- INSURANCE** SCMAF Players Medical Benefit Fund is available for \$44.00/team, or SCMAF Accident Protection Program at \$75.00/team. Call for details.
- REGISTRATION BEGINS** **IMPORTANT: REGISTRATION FORM, PAYMENT AND COMPLETED ROSTER DUE AT TIME OF REGISTRATION. NO EXCEPTIONS!!!**
See attached sheet for the REGISTRATION PROCEDURES.
- DEADLINE** **Friday August 8th, 2008 (or sooner if league is filled)**



RANCHO SIMI RECREATION AND PARK DISTRICT

**OAK PARK COED SLOW PITCH SOFTBALL
LEAGUE
2008 FALL SEASON**

~ OFFICE USE ONLY ~	
Reg. Fee _____	PMBF _____
Date _____	Rec.# _____
TOTAL _____	

NAME OF TEAM _____

(OLD NAME) _____

MANAGER _____ PHONE _____

(hm) _____ (wk) _____

ADDRESS _____ ZIP _____

LEAGUE FEES & COMPLETED ROSTER MUST ACCOMPANY THIS FORM NO LATER THAN FRI. AUGUST 8th, 2008.

Return this form and league fees to:

Oak Park Community Center
1000 N. Kanan Road, Oak Park, CA 91377
Attn: Oak Park Recreation Supervisor

Enclosed find \$ _____ Check/Money Order Master Card VISA

MasterCard or VISA Acct. No. _____ Expiration Date _____

Signature (for credit card authorization only) _____

RANCHO SIMI RECREATION AND PARK DISTRICT

ADULT LEAGUE ROSTER

AGREEMENT, WAIVER, AND RELEASE

I have carefully read the description of activities for which I/we are registering, and in consideration for being permitted by the Rancho Simi Recreation and Park District to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District, its officers, employees, and agents from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the District, its officers, employees, and agents. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the District, its officers, employees, and agents free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of death or any injury or property damage that said participant may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE RANCHO SIMI RECREATION AND PARK DISTRICT, ITS OFFICERS, EMPLOYEES AND AGENTS AND I SIGN IT OF MY FREE WILL.

EACH PLAYER MUST PERSONALLY SIGN

	Date	Signature	Name (PRINT)	Address	Zip	Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

**** ATTACH SPECIAL WAIVERS FOR PLAYERS UNDER 18 YEARS OF AGE ****

PLEASE FILL OUT INFORMATION BELOW THIS LINE COMPLETELY!

League _____ Day _____ Season _____

Name of Team _____

Team Manager _____ Asst. Manager _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone Wk-(____) _____ Hm-(____) _____ Phone Hm-(____) _____ Wk-(____) _____