

# 2009 Spring Adult Softball League



Church Coed League:  
Play Monday & Thursday Games

Coed League:  
Play Tues, Wed, & Some Thurs  
Games

Men's League:  
Play Sunday Games



YMCA OF CLAY COUNTY  
225 E. Krizan  
Brazil, IN 47834

## Important Information and Program Policies

### Refunds:

Full refunds will be granted if the YMCA cancels a program. Otherwise a request for a refund must be made in writing before the season begins. A \$5 fee will be assessed for processing of all refunds. Refunds can be made as a system credit good toward YMCA membership or other programs or in the form of a check. Checks will take up to 10 days to process.

### Amateur Softball Association of America (ASA):

Teams will be registered with the ASA and will therefore be eligible for State ASA tournaments. Each team will receive an Official Rule Book, Scorebook and a year long subscription to the ASA magazine.

### Uniforms:

The YMCA will not provide uniforms or equipment for adult league participants. You may order your own shirts anywhere you wish. We will keep a list of shirt colors if you wish to get different colors from the other teams in the league. Hats are recommended, but not required.

### Practices:

The YMCA will not schedule practice time on the field. It will be the teams responsibility to find practice space if it is needed.

### Games:

There will be a nine game schedule for each team. The number of weeks to complete the season will be based on the number of teams entering the league and the weather.

### Tournament:

A single elimination tournament will be held the week after the regular season. This will assure that all teams play one additional game.

### Rainouts and Makeup Games:

Decisions about field conditions will be made by the site director. Team contacts will be notified as soon as possible. These games will be re-scheduled as soon as possible.

### Officials:

We will use local ASA officials. The team will not be responsible for paying the officials. They will be contract employees of the YMCA of Clay County.

### Rules:

We will review league rules at the team contact meeting. If a rule is not covered in our league rules we will defer to the ASA rules.

### Participation Regulations:

Teams are limited to 20 members per team. Team members must be 14 years of age or older by the registration deadline. Team members may NOT be on more than one roster for the same league. Individuals may play in more than one league.

### Awards:

The championship team for each league will receive 2009 Adult Softball Championship t-shirts.

### Sportsmanship:

All participants and spectators will be required to support the YMCA sports philosophy which is based on participation, fun, physical fitness, teamwork and fair play.

**Detach this portion for your records**

Church League: Games on Mon. & Thurs

Coed League: Games on Tues, Wed  
& Some Thursdays

Men's League: Games on Sunday

**WHEN: (Tentative)**

Games may begin the week of April 26th depending on the weather and field conditions. See note re. Games on the back of this form.

**REGISTRATION:**

Registration will occur from March 16th to April 17th. Late registrations will not be accepted. A waiting list will be available if an additional team is needed in a league.

**FEE:**

\$350.00 per team must be paid in full at the time of registration.

**TEAM MEMBERS:**

Teams are limited to 20 members. Team members must be 14 or older by the registration deadline. All team members should be listed on the registration form. Team members may not be on more than one roster for the same league. Individuals may play in more than one league.

**TEAM CONTACT MEETING (Tentative):**

All team contacts should plan on attending a meeting on April 21st at 7pm The rules will be reviewed and schedules will be distributed at that time.

**PARTICIPATION AGREEMENT:**

All team members should be in normal health and capable of safe participation in the sports program. Participants assume all risks and hazards incidental to participation in the activity. Participants are responsible for any medical expenses incurred from participation and will not hold the YMCA of Clay County, its Board or employees liable.

**FOR MORE INFORMATION :**

Ask at the front desk of the YMCA or leave a message for Deb Plummer at the Y 442-6761 or email us at sports@claycountymca.org

# 2009 SPRING ADULT SOFTBALL LEAGUE

Please circle the league for your team: **Coed League**    **Men's League**    **Church League**

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

Team Contact: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Team Members:**

- |           |              |            |
|-----------|--------------|------------|
| 1. _____  | Phone: _____ | DOB: _____ |
| 2. _____  | Phone: _____ | DOB: _____ |
| 3. _____  | Phone: _____ | DOB: _____ |
| 4. _____  | Phone: _____ | DOB: _____ |
| 5. _____  | Phone: _____ | DOB: _____ |
| 6. _____  | Phone: _____ | DOB: _____ |
| 7. _____  | Phone: _____ | DOB: _____ |
| 8. _____  | Phone: _____ | DOB: _____ |
| 9. _____  | Phone: _____ | DOB: _____ |
| 10. _____ | Phone: _____ | DOB: _____ |
| 11. _____ | Phone: _____ | DOB: _____ |
| 12. _____ | Phone: _____ | DOB: _____ |
| 13. _____ | Phone: _____ | DOB: _____ |
| 14. _____ | Phone: _____ | DOB: _____ |
| 15. _____ | Phone: _____ | DOB: _____ |
| 16. _____ | Phone: _____ | DOB: _____ |
| 17. _____ | Phone: _____ | DOB: _____ |
| 18. _____ | Phone: _____ | DOB: _____ |
| 19. _____ | Phone: _____ | DOB: _____ |
| 20. _____ | Phone: _____ | DOB: _____ |

**Availability:** When scheduling games, we will consider your team's availability as much as we can.

We may not always be able to honor every request. Please circle times you can field a team:

Men's League: 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm

Coed League: Tuesday 6pm 7pm 8pm 9pm Wednesday 6pm 7pm 8pm 9pm

Thursday 6pm 7pm 8pm 9pm

Church League: Monday 6pm 7pm 8pm 9pm Thursday 6pm 7pm 8pm 9pm

Special conflicts: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt Given: Yes or No Staff Member Initials \_\_\_\_\_

