



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Vigo County YMCA
951 Dresser Dr.
Terre Haute, IN 47807



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



SPORTS & RECREATION
Adult Coed Softball
League
Vigo County YMCA
Fall 2019

2019 Fall Adult Softball League



Teams may include up to 20 members. Team members must be 14 years of age 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.

Registration will be from August 20th through September 3rd, 2019. The **cost** is \$325 per team, due in full at registration. A **team contact meeting** will be held on **Tuesday, September 3rd at 6:00 pm**. A team representative **MUST** attend, as we will be reviewing important rules and passing out initial schedules at this time.

Games will begin September 5th, 2019 and will continue, depending on weather, through late-October. Registration includes 8 regular season games and a single-elimination tournament. The tournament is seeded and the tournament bracket will be announced at the conclusion of the regular season.

Other Policies

-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.

-The YMCA will not provide uniforms for adult league participants. You may order your own shirts if you wish.

-The YMCA will not schedule practice times for the adult softball league. It will be the teams responsibility to find practice space if it is needed.

-If inclement weather conditions are deemed dangerous or cause unplayable field conditions, games will be cancelled and rescheduled for a later date. Team contacts will be notified as soon as possible. These games will be made-up as soon as possible.

-All games will be officiated by an umpire paid by the YMCA. 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 USA rules.

-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. Failure to follow these guidelines can result in your removal from the facility and can result in individual or team suspension.

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 Vigo County, its Board or employees liable.

FOR MORE INFORMATION :

Ask at the front desk of the YMCA or leave a message for Shane Chesshir at the Y 812-232-8446 or email schesshir@ymcaswv.org

Team Name: _____

Team Contact: _____ Phone: _____

Address: _____

Alt. Phone: _____ E-mail Address: _____

Team Members: (all members must be atleast 14 years of age)

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

6. _____ Phone: _____

7. _____ Phone: _____

8. _____ Phone: _____

9. _____ Phone: _____

10. _____ Phone: _____

11. _____ Phone: _____

12. _____ Phone: _____

13. _____ Phone: _____

14. _____ Phone: _____

15. _____ Phone: _____

16. _____ Phone: _____

17. _____ Phone: _____

18. _____ Phone: _____

19. _____ Phone: _____

20. _____ Phone: _____

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 all times you can field a team.

Coed League: All Games will be on Thursday evenings

Thursday: 6:00pm 7:00pm 8:00pm 9:00pm

_____ for staff use only
Date: _____ Amt Paid: _____ Receipt Given: Yes or No Staff Initials _____