

SPRINGFIELD DAYS SOFTBALL TOURNAMENT

2019 SPRINGFIELD DAYS COED ADULT SOFTBALL TOURNAMENT INFORMATION

Registration will run **March 25, 2019** through **May 24, 2019** or until tournament is full, whichever comes first. Games will tentatively start at 8:00 a.m. on **Saturday, June 8, 2019**.

TO REGISTER: Teams must submit the **enclosed roster information and SIGNATURES of all players along with the entry fee AND Code of Conduct form (signed by coach) at the time of registration. YOU CAN NOT RESERVE A SPOT WITHOUT ALL INFORMATION AND PAYMENT!** A team must register a minimum of 12 players; 15 players is the maximum for a team. Players must be 18 years old and out of high school.

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT:

1. A completed roster signed by every player.
2. Entry fee: \$180 Coed Adult Tournament. **IF A SPONSOR IS PAYING FOR TOURNAMENT, YOU MUST HAVE THE SPONSOR CHECK TO REGISTER. PERSONAL CHECKS WILL NOT BE HELD UNTIL SPONSOR CHECK ARRIVES.**
3. Please mail checks to Springfield Days Committee, c/o Coed Softball Tournament, P.O. Box 130, Springfield, NE 68059. Make checks payable to Springfield Days.

Registration fee covers umpire fees and softballs.

This is a double elimination tournament.

GAME TIMES: TOURNAMENT BEGINS AT 8:00 A.M. TEAMS CANNOT REQUEST SPECIFIC PLAYING TIMES! PLEASE HAVE YOUR TEAM READY TO PLAY 10 MINUTES PRIOR TO THE START OF YOUR SCHEDULED GAME.

If your team doesn't show up for a game, for any reason, the team will be charged with a forfeit.

With the exception of those rules published by Springfield Days, United States Specialty Sports Association (Championship Rules) will govern play.

Bats must be USSSA approved and have the USSSA Certification mark. Check the USSSA website for a list of non-approved bats - www.ussa.com.

Balls must be USSSA approved and have the USSSA Certification mark: 12-inch, Core .440 softball, maximum compression of 480.0 lbs or under; optic yellow cover with blue color stitching. (Balls will be provided by Springfield Days Committee.)

Trophies will be given to the first place team in the tournament.

For more information please contact Mike Gottsch via email gottschmike@yahoo.com or cell phone 402-618-9171.

Visit springfieldne.org/quality_of_life/springfield_days for additional information regarding Springfield Days events.

**SPRINGFIELD DAYS 2019
ADULT SOFTBALL REGISTRATION FORM**

PLEASE PRINT COMPLETE INFORMATION FOR EACH PLAYER!

Return to Springfield Days Committee, c/o Coed Softball Tournament, P.O. Box 130, Springfield, NE 68059, along with registration fee.

Team Captain: _____ **Team Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Text Message Permitted:** ____ Yes ____ No

Email: _____

Team Roster Must Be Signed By Each Player!

I hereby, acting for myself, agree to make no claims against the City of Springfield, Nebraska, or the Springfield Days Committee, its officers, employees, or anyone acting on its behalf and hereby release and waive any claim for loss, damage, or injury to any property, or person resulting from any cause, including negligence by the City of Springfield or the Springfield Days Committee or any officer, employee, or person acting on its behalf, arising from activity sponsored by the City of Springfield or the Springfield Days Committee. I understand that the City carries no medical insurance covering any injuries which might be sustained in connection with the event and acknowledge that we do carry medical insurance proving such coverage.

Player 1 Print Name: _____

Player Signature: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Text Message Permitted:** ____ Yes ____ No

Email: _____

Player 2 Print Name: _____

Player Signature: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Text Message Permitted:** ____ Yes ____ No

Email: _____

Player 3 Print Name: _____

Player Signature: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Text Message Permitted:** ____ Yes ____ No

Email: _____

Player 4 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 5 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 6 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 7 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 8 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 9 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 10 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 11 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 12 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 13 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 14 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

Player 15 Print Name: _____

Player Signature: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text Message Permitted: ____ Yes ____ No

Email: _____

CODE OF CONDUCT AND SPORTSMANSHIP

- ONLY POSITIVE COMMENTS ARE APPROPRIATE.
- OFFICIALS' CALLS ARE FINAL. DECISIONS SHOULD BE LEFT TO THEIR JUDGEMENT. DO NOT HARASS THE OFFICIALS.
- TREAT THE OPPOSING TEAM WITH AS MUCH RESPECT AS YOUR OWN.
- UNSPORTSMANLIKE CONDUCT WILL NOT BE TOLERATED. SPECTATORS AND/OR PLAYERS MAY BE ASKED TO LEAVE.
- I WILL ENCOURAGE GOOD SPORTSMANSHIP BY MY TEAM, DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES AND OFFICIALS AT EVERY GAME AND PRACTICE.
- I WILL TREAT PLAYERS, COACHES, FANS AND OFFICIALS WITH RESPECT.
- I UNDERSTAND BY NOT CONDUCTING MYSELF APPROPRIATELY, OR ASSURING APPROPRIATE CONDUCT FROM MY TEAMMATES, I/WE MAY BE EJECTED FROM THE GAME, AND/OR THE TOURNAMENT.

PLAYER WAIVER, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT

I, the pre-signed player, acknowledge, agree and understand that;

1. Voluntarily, and of my own free will, I elect to participate as a member of the softball team indicated on this form.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me, to other players, including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the pre-signed player, agree that in consideration for the right to play as a member of the team designated on this form and in a consideration for permission to play on the field arranged for by the team:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me:
 - a. while practicing or playing as a member of the team so designated;
 - b. while serving in a non-playing capacity as a team member during practice or play by other teams, or by other players on my team, and;
 - c. while on or upon the premises of any and all the fields, arranged for my team for practice or play.
2. I release, discharge & agree not to make any claim against the field owner or other entity designated on this form; the United States Specialty Sports Association; the City of Springfield or the Springfield Days Committee or their owners, officers, agents, servants, associations, employees, or any person or entity acting on behalf of the field owner or the United States Specialty Sports Association, or the City of Springfield or the Springfield Days Committee. I waive any claim for loss, or damages, costs or cause of action which I have, or may in the future have, as a result of injuries or damages sustained or incurred by me from whatever cause, including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released. I understand that the City of Springfield and the Springfield Days Committee carries no medical insurance covering any injuries which might be sustained in connection with the event and I acknowledge that I do carry medical insurance providing such coverage.

I acknowledge that I have read and that I understand each and every one of the above provisions in the waiver, release of liability and indemnification agreement, and agree to abide by them.

Field Owner, City of Springfield
Event Sponsor, Springfield Days Committee