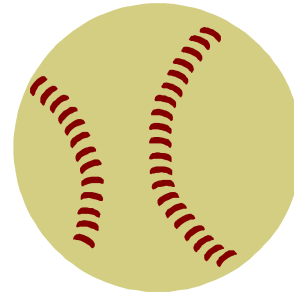
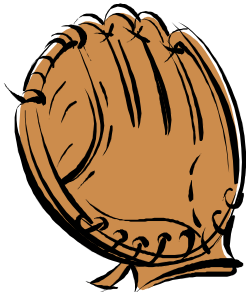


CARY PARK DISTRICT SOFTBALL



Do you have cabin fever from being stuck indoors this winter? Here is your chance to get outside and play a little ball. The Cary Park District is currently taking registrations for the 2010 spring/summer adult softball leagues. The Park District softball leagues offer a great opportunity for neighborhoods, church groups, friends, families or co-workers to get together and have some fun playing ball.

REGISTRATION

Registration: **Returning teams: January 1 - April 14, or until league fills.**
New teams: March 1 - April 14, or until league fills.

Managers Meeting: **April 15, 7:00 p.m. at the
 Foxford Hills Golf Clubhouse
 6800 S. Rawson Bridge Road
 Cary, IL 60013**

Leagues: Bar Code:	Day: (begins)	Men/Women	Level	Fee	Min/Max
15955	Mon. (May 3rd)	Women's	Competitive	\$500	6/12
15956	Mon. (May 3rd)	Women's	Recreational	\$500	6/12
15951	Tue. (Apr. 20)	Men's	Recreational	\$625	6/12
15952	Thur. (Apr. 22)	Men's	Recreational	\$625	6/12
15953	Fri. (Apr. 23)	Men's	Competitive	\$625	6/12
15954	Fri. (June 4 th)	Co-Recreational	Recreational	\$350	6/12

15950 Out of District Fee (limit 10)

There is a \$12.00 per player Out of District Fee (limit 10) that is due by the second game of the season. An additional late fee of \$25 will be charged to teams who submit Out of District Fees after this date.

For more information on the 2010 Softball Leagues, please call 847-639-6100 or visit www.carypark.com starting December 16th.

CARY PARK DISTRICT SUMMER SOFTBALL REGISTRATION

_____ League _____ Night _____ Bar Code

_____ ***Returning Resident Team*** - 60% of players returning & 75%
of team residing in Cary

_____ ***New Resident Team*** - 75% of players residing in Cary

_____ ***Returning Non-Resident Team*** - 60% of players returning
from prior season

_____ ***New Non-Resident Team***

Manager's Name _____

Team Name _____

Address _____ City, State, Zip _____

Phone # - Work _____ Home _____
Cell _____ E-mail _____

I understand that registration implies an agreement to pay all team and non resident fees in full and on time (team fees are due at the time of registration), promptly as stated below and on the registration information page.

Signature: _____ ***Date:*** _____

****PLEASE SEE THE PAYMENT OPTIONS
LOCATED ON THE BACK OF THE FORM****

		Date	Amount paid	Initials
Men-Team Fee (due at registration)	\$625/team	_____	_____	_____
Women-Team Fee (due at registration)	\$500/team	_____	_____	_____
Co-Rec Team Fee (due at registration)	\$350/team	_____	_____	_____
Out of District Fee (due at second game)	\$12/NR	_____	_____	_____



Team name: _____
 Manager: _____
 League: _____
 Phone #: _____

Payment Options

OPTION #1 Team fee paid in full at registration

- () **Cash** *(must be paid in person)*
- () **Check # _____** *(make payable to the Cary Park District)*
- () **Credit card charge** *Please fill this section out if you are using Visa or MasterCard*

This section must be filled out if you are using VISA or MASTERCARD.

Please check: _____ VISA or _____ MASTERCARD

Account # _____ Exp. Date _____ / _____

Cardholder Name _____

Amount of Charge \$ _____

Authorized Signature _____

OPTION #2 Minimum \$200.00 team payment and credit card authorization

- () **Cash** *(must be paid in person)*
- () **Check # _____** *(make payable to the Cary Park District)*
- () **Credit card charge** *Please fill this section out if you are using Visa or MasterCard*

Please Note:

If a team is unable to produce the entire team fee at the time of registration, they are required to leave a minimum \$200.00 of the team fee and a pre-authorized credit card #. If the team fee is not paid in full by the required date, the credit card will be charged for the remaining team fee balance. Failure to pay required fees in full and on time may result in expulsion from league(s).

This section must be filled out if you are using VISA or MASTERCARD.
(Do not sign this authorization before you read it)

Please check: _____ VISA or _____ MASTERCARD

Account # _____ Exp. Date _____ / _____

Cardholder Name _____

Amount of Charge \$ _____

Minimum \$200.00 of the team fee is required if team fee is not paid in full at time of registration. If the remainder of the team fee is not paid by noon on April 16th, 2010, I authorize the remaining balance to be charged to the card/account # listed (please sign below to authorize).

Authorized Signature _____



**SOFTBALL
TEAM ROSTER AND WAIVER FORM**

SPORT _____ SEASON _____ 20____ MANAGER _____ TEAM NAME _____

WARNING OF RISK

Softball is intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, being struck by errant balls, being struck by another player's bat, running, jumping, stretching, sliding, diving, collisions with other players and with stationary objects, acts of God, inclement weather, horseplay, unsportsmanlike conduct, dangerous playing conditions, poor field conditions, defective equipment, equipment failure, premises defects, slip and falls, failure in supervision and officiating, and other circumstances inherent to sport of softball. In this regard, it is impossible for the Cary Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program/activity against the Cary Park District, including its officials, agents, volunteers, and employees.

I have read and fully understand the above warning of risk, assumption of risk and waiver and release of all claims. If waiver is submitted by facsimile, the facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLAYER	ADDRESS	TOWN	PHONE #	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

I agree that all signatures are authentic and not falsified.
Manager's Signature _____

A \$50.00 fine will be charged to any team found falsifying information. This fine must be paid prior to playing the next game.