



SoftballNation 2016 Chesterfield League Softball



Fast Pitch Summer League

This league is open to Youth Fast Pitch Softball Teams. Please fill out the information below and return this form with your league sign-up fee along with your team roster and non-residency fees to:

SOFTBALLNATION, 210 Huddersfield Drive Richmond, Virginia 23236.

If you have any questions, call: **Butch Tiller 804-378-2285.**

Guidelines: Teams will be accepted on a first come first serve basis. The Fast Pitch Summer League will play at the Warbro Athletic Complex.

Format: Teams will play a seven week schedule.

Rules: SOFTBALLNATION Rules will apply. **Games: (7 Weeks)**

Please NOTE: Rain Outs WILL NOT BE RESCHEDULED (Fee is based on the expectation of at least one rainout).

Fast Pitch Summer League: (7 Weeks)

Play Begins June 7th)

League Fee: \$450.00

Deadline: May 18TH. LEAGUE FEE MUST BE PAID IN FULL IN ADVANCE TO BE PLACED IN A LEAGUE.

League Champions Receive: Team and Individual Awards.

Check One:

18u/16u Division		Tuesday or Thursday
14u Division		Tuesday or Thursday
12u Division		Tuesday or Thursday

The Night of Play will be assigned once teams are in the league.

Please return this portion with payment along with your roster to:

SOFTBALLNATION 210 Huddersfield Drive Richmond, Va. 23236

LEAGUE FEE: \$450.00

Non Residents: _____ x \$15 = _____

Total Amount Enclosed: _____

We reserve the right to remove any team from any league without refund after it has started if it is determined that the team is too good for the league requested. In other words: **NO SANDBAGGING.**

Team Name: _____

Coach's Name: _____

Coach's Phone: Cell: _____ Home/Work: _____

Address: _____

City: _____ Va. Zip: _____

Email: _____

All Players not living in Chesterfield County are subject to a \$15 non-residency fee that must be paid before your team plays. You must include a completed roster with this entry.

SPORTSNATION/SOFTBALLNATION OFFICIAL CHESTERFIELD LEAGUE ROSTER

Team Name:		League Night:	
Coach's Name:		Coach's Cell Phone:	
Coach's email:			

As coach of this team, I attest that the names and addresses on this roster form are accurate. _____
(coach's signature)

This roster form is for league purposes and Chesterfield County Non Residency Requirements
THIS ROSTER FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR LEAGUE REGISTRATION FEE. FOR EACH PLAYER THAT IS NOT A CHESTERFIELD RESIDENT OR DOES NOT RESIDE IN THE ZIP CODES LISTED, THERE IS A \$15 NON-RESIDENT FEE. THIS FORM WILL BE CHECKED FOR ACCURACY AND ALL NON-RESIDENT FEES MUST BE ADDED TO YOUR LEAGUE REGISTRATION FEE.

For Roster Purposes: Players residing in these zip codes are considered Chesterfield Residents: 23112, 23113, 23114, 23120, 23224, 23225, 23234, 23235, 23236, 23237, 23803, 23806, 23831, 23834, 23836, 23838

ALL TEAM MANAGERS AND PLAYERS MUST READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate as a member team with Sportsnation.org , I hereby agree for myself, successor, heirs and assigns, release and forever discharge Sportsnation.org, and Softballnation, their employees, officers, and directors from all claims, actions or judgements I may have or claim to have against Sportsnation.org/Softballnation for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation with Sportsnation/Softballnation, - either Leagues or Tournaments. I further agree for myself, successor, heirs and assigns to indemnify and hold Sportsnation/Softballnation harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation with Sportsnation/Softballnation and from all judgements recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures, slides or movies taken or made by Sportsnation/Softballnation, their employees, officers and directors, in connection with my participation with Sportsnation/Softballnation either leagues or tournaments, or any reproduction of the same, as well as my name, may in any manner be used by Sportsnation/Softballnation, or by any person, corporation or association authorized by Sportsnation/Softballnation. I am in good health and have no physical condition that would prevent me from participating in Sportsnation/Softballnation events.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

	Print or Type Player's Name	Player's Signature	Street Address, City, State	Zip	Phone:	Chesterfield Resident? Yes or No
Coach						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Rosters must be turned in with team registration form to:
SoftballNation, 210 Huddersfield Drive, Richmond, VA 23236
(804) 378-2285