



City Summer Softball Team Check List

10 Games | July 19th – Oct 4th 2021

Teams who do not turn in the required paperwork in COMPLETION will not receive a schedule and will have to forfeit games until all paperwork is turned in. No partial packets will be accepted!

Each item listed below must be completed in order for your team to participate.

- Pay the USSSA Sanction Fee of \$50 at <http://www.rctipif.org>
Go through this website ONLY. No other registrations are valid or will be accepted for the City of Albuquerque. Proof of Sanction Fee payment must be turned into the Sports Office with LEAGUE REGISTRATION FORM.

- Complete and turn in LEAGUE REGISTRATION FORM with \$495 team fee to Jerry Cline Recreation & Tennis Center.
Checks payable to: City of Albuquerque

Turn in a Completed Team Packet **by 5:00 pm on Thursday July 8th!**

- Team Roster with all signatures and ID numbers
- CABQ Participant Code of Conduct for each rostered player.
- COVID Acknowledgement form for each rostered player.
- Signed USSSA Waiver form for each rostered player.

- Managers must attend the Preseason Rules & Conduct meeting to be held at Jerry Cline Recreation & Tennis Center on **TBD**.



City Summer Softball Team Registration Form

10 Games | July 19th – Oct 4th 2021
Rosters Due **5:00 pm on Thursday July 8th!**

Team Name: _____

Night & Division Selection (check one box)

Monday	Tuesday	Thursday
Coed "E" <input type="checkbox"/>	Coed "E" <input type="checkbox"/>	Coed "E" <input type="checkbox"/>
Men's "E" <input type="checkbox"/>	Men's "E" <input type="checkbox"/>	Men's "E" <input type="checkbox"/>

- \$495 League Fee due at time of Registration
- A minimum of 4 teams are needed to make a division: Divisions may be combined and night of play is not guaranteed if not enough teams are registered
- Separate Sanction Fee must be paid annually. The City will not accept on site sanction payment
- Teams cannot start play until all paperwork is turned in.
- Team Manager and/or Assistant Manager are required to be at EVERY game, appear on the roster, and sign score card.
- All MONDAY Games will be played at the Regional Sports Complex. All TUESDAY & THURSDAY games will be played at 8:30 pm

TEAM MANAGER Name: _____

Phone Number: _____ Date of Birth: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

ASSISTANT MANAGER Name: _____

Phone Number: _____ Email: _____

Staff will not make changes to any registration forms. It is the responsibility of the team manager to ensure the accuracy of all forms! By acknowledging and affixing my signature below, I agree and verify that the information on this Registration form is complete and accurate.

Signature _____ **Date** _____



City Second Chance

Roster Due Date: **5:00 pm on Thursday July 8th 2021!**

Summer Softball Team Roster

GENDER: COED MEN'S

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TEAM NAME: _____ NIGHT OF PLAY: _____ DIVISION: _____

I, the undersigned, agree to indemnify, defend and hold harmless, the City of Albuquerque, against any and all damages to property or injury to, or death of, any person, including property or employees of the City of Albuquerque and any from any and all claims, demands, actions, suites, or proceedings of any kind or nature. I assume all risk of injury to my person and property that may be sustained in connections with any activity in and about the premises. I am in good health and have no physical condition that would prevent me from participating. I am familiar with the skills required to participate. I further agree to practice and display good sportsmanship at all times and agree to abide by the "Player/Participant Code of Conduct" and fully waive all rights associated with the "Player/Participant Code of Conduct". I have read the Waiver of Liability and fully understand its terms, conditions, and meanings.

	Player's Name (Print or Type)	Player's Signature	Phone #	State ID #	FOR OFFICE USE ONLY		
					Code of Conduct	USSSA Waiver	COVID Form
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manager Name: _____ Manager Email: _____ Manager Phone (C): _____

Asst Mgr Name: _____ Asst Mgr Email: _____ Asst Mgr Phone (C): _____

* Managers & Assistant Managers information must match registration forms.

FOR OFFICIAL USE ONLY					
Payment Amount Made	Payment Type	Date	Cashier	Receipt #	Sanction Fee Paid?