

Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



LadyHawks' 2008 Fall Softball League

League Information

- League Dates: September 15 – November 1, 2008
- Ten (10) games plus single elimination tournament.
- Two games per week; 6:00p or 7:30p
- **Fee: \$65.00/per player** – 12 roster minimum/maximum
- 12U Division play games on Tue or Thursday evenings and Sat. a.m.
- 14U Division play games on Tue & Thurs. evenings.
- 12U - 5 & 6th gr. – must be 10, 11, or 12 on 4/30/09
- 14U - 7 & 8 gr.-must be 12, 13, or 14 on 4/30/09
- **COPY OF BIRTH CERTIFICATE REQUIRED**
- Two umpires per game. Scorekeeper/Field Supervisor Provided
- **Registration Deadline: Sept 29, 2008 : www.tempe.gov/brochure**



**Fee Assistance
Available for
Tempe &
Guadalupe
Residents**

LadyHawks' 2008 Fall Fast Pitch Softball League

Participant Name: _____ Date of Birth _____ Age _____
Address: _____ APT # _____ City _____ Zip _____
Phone: Eve _____ Day _____ School _____ Grade (In Fall) _____
Parent's Name: _____ EMAIL: _____

Coach/ Team Affiliation (Must have prior approval): _____

ACTIVITY CODES: (circle one) 12U DIV. = 13616 14U DIV. = 13617

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

LadyHawks 2008 Fall Softball TEAM REGISTRATION FORM

(PLEASE PRINT CLEARLY: USE BLACK/BLUE INK ONLY)

TEAM NAME _____

COACH/PERSON IN CHARGE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL/MOBILE _____

PAGER/OFFICE PHONE _____ E-MAIL _____

ASSISTANT COACHES: _____

CONTACT # FOR ASSIST. COACHES: _____

Circle the League you are requesting:	12 & UNDER	14 & UNDER
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Player	Address	City	Grade	Age
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Rosters must be filled out completely. Roster will be checked for validity purposes. As the representative of my team I have read and agree to all the rules and regulations of the Tempe Softball League, and verify to the best of my knowledge that all information given on this form to be true and accurate.

Coaches Signature Date