

WALNUT CREEK ADULT SOFTBALL

FALL 2017

TEAM ROSTER AND CONTRACT

www.wcasi.org 925-943-1955 E-mail: com@wcasi.org

TEAM NAME	O F F I C E U S E	NIGHT of PLAY/DIVISION:
MANAGER'S NAME (please print):		DATE:
MANAGER'S RESIDENCE INFO (please print):		APPROVED BY: _____
ADDRESS: _____		LEAGUE FEE: \$ 585.00
CITY: _____ ZIP: _____		NON-RESIDENT FEE (capped at 6):
E-MAIL ADDRESS:		10.00 x _____ \$ _____
PRIMARY PHONE/CELL CONTACT NUMBER:		FIELD USE ASSESSMENT FEE (Per player):
ASSISTANT MANAGER'S or ALTERNATE CONTACT'S NAME:		10.00 x _____ \$ _____
PRIMARY PHONE/CELL CONTACT NUMBER:	TOTAL: \$ _____	
	Cash _____ Ck# _____	

NOTE: Players may play for more than one team in a week, yet must stay within the same classification. Players may play for more than one team a night, yet NOT in the same division. Teams may play on more than one night, but must stay within the same classification.

MANAGER'S CERTIFICATION

As manager (representative) of the team listed above, I certify that all team members listed on the attached roster have submitted an Agreement and Release of Liability Form and that each form was completed, signed and dated by the individual named.

I also certify that my team agrees to comply with the rules of Walnut Creek Adult Softball, Inc. and the City of Walnut Creek. Lastly, I agree to accept and abide by the rules and regulations of WCASI. I UNDERSTAND THAT THE USE OF EQUIPMENT SUCH AS BATS, BALLS, ETC. MUST MEET ALL THE REQUIREMENTS AND RULES OF WALNUT CREEK ADULT SOFTBALL, INC., & ASA AND THAT THE USE OF ANY SUCH EQUIPMENT THAT HAS BEEN ALTERED OR ENHANCED IN ANY MANNER MAY RESULT IN MY EXPULSION FROM PARTICIPATION WITH WCASI AND MAY RESULT IN CIVIL AND/OR CRIMINAL PENALTIES.

WALNUT CREEK RESIDENTS WILL BE REQUIRED TO PROVIDE PROOF OF RESIDENCY AT REGISTRATION – i.e. a copy of a current utility bill, tax bill, credit card statement or California driver's license will be accepted as proof of residency. If proof of residency is not presented, a non-refundable non-resident fee of \$10.00 will be charged.

SIGNATURE: _____ DATE: _____