

Team# office use only

WALNUT CREEK ADULT SOFTBALL

2017 Spring/Summer

TEAM ROSTER AND CONTRACT

TEAM NAME:	O F F I C E U S E	DIVISION:
MANAGER'S NAME (please print):		DATE:
MANAGER'S (RESIDENCE) ADDRESS, CITY and ZIP:		APPROVED BY _____
E-MAIL:		LEAGUE FEE: \$ 785.00
PRIMARY CONTACT PHONE #:		NON-RESIDENT FEE: 10.00 x _____ \$ _____
SECONDARY CONTACT PHONE #:		FIELD USE ASSESSMENT FEE:
ASSISTANT MANAGER:		\$10.00 x _____ \$ _____ Per player
ASSISTANT MANGER'S CONTACT PHONE #:		TOTAL: \$ _____ Cash _____ Ck# _____

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

NOTE: Players may play for more than one team but must stay within the same classification. Teams may play in more than one division 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: _____