

ADULT SUMMER "MINI"
SOFTBALL LEAGUE
JULY 14 - AUGUST

DIVISIONS

LOWER COED

Sunday - 10 teams

Weds/Fri - 6 teams

MEN'S

Tues Open - 6 teams

Thurs D - 6 teams

MANAGER'S MEETING

Thursday June 27



TEAM FEE \$226

SPORTS

805-495-4674 sports@crpd.org



BAT RESTRICTIONS

1. Bats shall be made of wood, aluminum, or ceramic. No 100% composite bats. No fiber-wrapped or non-aluminum coated bats.
2. Only the handles of two piece constructed bats may be composite. The barrel of the bat may contain composite materials, but it must be an inner layer or core. **NO COMPOSITE MATERIAL IS ALLOWED ON THE OUTER LAYER OF THE BARREL.** Bats such as the Easton CV-12, and the Redline C-Core are now legal.
3. All newer single wall aluminum bats are approved as long as they are ASA stamped and do not exceed the 1.20 BPF rating. All newer bats must have ASA stamp, manufacturer's label, and not exceed the 1.20 BPF rating.
4. Older bats with worn graphics from long time usage will be left up to the discretion of the umpire. Older bats may be dented to some degree. However, bats with cracks will not be allowed.
5. Multi-wall bats may contain but not limited to:
 - Rubber
 - Fluid/liquid
 - Percentage of titanium not 100%
 - Graphite
 - Magnesium
 - Lithium
 - Scandium Alloy
 - Steel
 - Composite material as inner wall onlyThese, and other materials, are designed to strengthen the outer walls of aluminum bats to help limit denting over long time usage. Multi-wall bats may not exceed the 1.20 BPF rating.
6. No wood or aluminum fungo bats.
7. Bats must be designed for softball (no baseball or little league bats) and may not be altered or tampered with not limited to, sanding, corking, heating, shaving, rolling, etc. Re-taping of handles will not be considered as altered.
8. Any bat that is currently on the ASA Non-Approved list will never be allowed for use in CRPD league games. Many bats on the ASA approved list may not be CRPD compliant. Any bat on the asasoftball.com website that has the blue C icon next to the name **WILL NOT** be allowed.
9. Managers are responsible for their teams' equipment. If in doubt, don't bring it to the field.
10. The umpire will have the authority to remove any bat they suspect has been altered or non-compliant in any way. The judgment is left entirely to the discretion of the umpire in any given game. **Penalty:** The game shall immediately be forfeited by any team whose player takes a position in the batter's box with any bat that has been previously removed by the umpire or is found to be illegal/non-compliant with CRPD bat restrictions.
11. Borchard Park Field #3 will have no home run restrictions.



2019 Adult Summer mini League

- GAME SITE**
Borchard Community Park Field #3 *805-381-2791*
190 Reino Road, Newbury Park, CA 91320
- START DATE** League play starts Sunday, July 14 (6 weeks of games). Softballs are included in league fee.
- MANAGER'S MEETING** Thursday, June 27, managers or assistant managers are required to attend. League rules and conditions of play are discussed; SCMAF Rule Book and CRPD Manager's Handbooks are distributed.
- AWARDS** Team awards to Champion and Finalist.
- UMPIRE FEE** Each team is required to pay a **\$15 umpire fee** (cash) prior to each game. Umpire fees are not included in league fees.
- The league consists of the following divisions:

<u>DIVISION</u>	<u>DAY/NIGHT</u>
Coed	Sunday, Wednesday, Friday
Men's	Tuesday, Thursday
- CLASSIFIED** Teams are classified based on their previous league performance and current player personnel. **Teams in each division must be evenly matched.**
- FORFEIT PROCEDURE** Each team is required to provide a valid credit card number which is charged only if a team forfeits without paying officials at the site.
- Teams may be scheduled to play **doubleheaders**, if necessary.
- PAYMENTS** A completed application and **full payment** (check, money order, or credit card) due at registration. All information requested must be included. Failure to submit a roster may result in forfeiture of all league games until roster is received.
- FINAL ROSTER** Names of all players is due June 27. We recommend you photocopy your roster before submitting it. Roster is limited to twenty players.
- PMBF** League fee includes SCMAF Players Medical Benefit Fund (\$500 maximum reimbursement). Contact Sports for more information.
- PAYMENTS** VISA, MasterCard, Discover, and American Express, cash, and checks are accepted for league fee payment. Full league fee must be paid to register.

- 14. **PRIORITY REGISTRATION** Fill out the enclosed application completely and return by June 21. Send application and league fees to:
 CONEJO RECREATION & PARK DISTRICT / SOFTBALL REGISTRATION/SPORTS
 403 W. HILLCREST DRIVE, THOUSAND OAKS, CA 91360
 FAX 805-381-2726 OR E-MAIL TO SPORTS@CRPD.ORG

- 15. **LATE REGISTRATION** Starts Monday, June 24, 9:00am-5:00pm. Applications are processed on a first-come, first-served basis. Full league fee must be paid to register.

- 16. **DISTRICT REFUND POLICY** Refunds will be granted to teams prior to final confirmation of team schedules. REFUNDS WILL NOT BE GRANTED AFTER TEAM SCHEDULES HAVE BEEN ESTABLISHED.

IMPORTANT DATES

Friday, June 21	District registration ends at 5:00pm
Monday, June 24	Late District and Out-of-District registration begins 9:00am <u>provided space is available – (Sunday league open to 10 teams-all other nights open to 6 teams).</u>
Thursday, June 27	Manager’s Meeting, 6:30pm Hillcrest Center Community Room. Final Roster with names and signatures due.
Sunday, July 14	LEAGUE PLAY BEGINS *****

LEAGUE FEE BREAKDOWN

League Organization	\$ 29.42
SCMAF/PMBF	\$ 46.00
Awards	\$ 22.00
Equipment	\$ 32.62
Ballfield Lights	\$ 60.40
Umpire-in-Chief & Field Monitors	<u>\$ 35.56</u>
TOTAL	\$226.00

2019 ADULT SUMMER mini SOFTBALL LEAGUE APPLICATION

TEAM NAME: _____

MANAGER	E-MAIL
ADDRESS/CITY/ZIP	
HOME /CELL #	BUSINESS #
ASST. MANAGER	E-MAIL
ADDRESS/CITY/ZIP	
HOME/CELL #	BUSINESS #
PAYER (if other than manager)	
ADDRESS/CITY/ZIP	
PHONE #	

DIVISIONS: In- District _____ Out-of-District _____
COED: Sunday Coed _____ Wednesday Coed _____ Friday Coed _____
MENS: Men's Tues Open _____ Men's Thurs D _____
Has this team played in a previous league? Yes _____ No _____
Year _____ Team Name: _____ Division: _____ Night: _____ Record: _____

SPORTS MESSAGES

Receipt # _____ Check # _____ Amount: _____ Date: _____

Method of payment: Cash	Check	Money Order	MC	Visa	American Express	Discover
Cardholder's Name	Card #	Expiration Date				

I authorize this credit card to be used for forfeits

TEAM NAME: _____ DATE: _____ LEAGUE: _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Conejo Recreation & Park District (“CRPD”), City of Thousand Oaks (“CTO”), Conejo Open Space Conservation Agency (“COSCA”), Conejo Valley Unified School District (“CVUSD”), and City of Westlake Village (“WLV”) to participate in the above activities, I hereby waive, release, and discharge in advance CRPD, CTO, COSCA, CVUSD, and WLV (their officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, including the active or passive negligence of each of the named above or any other participants in the event. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission or “gross negligence,” as that term is used in applicable case law and/or statutory provision. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

CONSENT FOR EMERGENCY MEDICAL TREATMENT: As the participant of parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for myself or my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of myself or my dependent.

I UNDERSTAND THAT THE CONEJO RECREATION & PARK DISTRICT HAS A CODE OF CONDUCT (www.crpdpd.org/conduct) AND AGREE TO ABIDE BY ITS POLICIES AND CONDITIONS. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CONEJO RECREATION & PARK DISTRICT AND I SIGNIT OF MY FREE WILL.

PRINT NAME SIGNATURE CITY of RESIDENCE E-MAIL PHONE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

CRPD staff often take photos and/or videos of participants during classes, special programs, and other activities scheduled and unscheduled. These photos may be used for publicity purposes in the District’s printed materials or District website www.crpdpd.org other District sites like www.thousandoaks-teecenter.com, and on related Facebook, or other social media locations.

2019 Softball mini League ROSTER – Page 2

TEAM NAME: _____ DATE: _____ LEAGUE: _____

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<u>PRINT NAME</u>	<u>SIGNATURE</u>	<u>CITY of RESIDENCE</u>	<u>E-MAIL</u>	<u>PHONE</u>
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

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