

FALL 2025



ADULT SOFTBALL LEAGUE

From big swings to big laughs, our Adult Softball League is where grown-ups come to play hard, cheer loud, and have a blast.

LEAGUE RUNS

SEPT-OCT

TEAM FEE: \$400

SIGN UP TODAY!

Call 805-495-4674 or email sports@crpd.org



Conejo Recreation & Park District
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 or exceed 98 mph BBS. All newer bats must have ASA stamp, manufacturer's label, and not exceed the 1.20 BPF rating or exceed 98 mph BBS.
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
 - Graphite
 - Scandium Alloy
 - Fluid/liquid
 - Magnesium
 - Steel
 - Percentage of titanium not 100%
 - Lithium

-Composite material as inner wall only

These, 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.

2025 Fall SOFTBALL LEAGUE

1. **GAME SITE**
Borchard Community Park Field #3 805-381-2791
Reino Road, Newbury Park, CA 91320
Pepper Tree Playfield
3729 Conejo Road, Newbury Park, CA 91320 805-381-2791 (BOC)
2. **LEAGUE PLAY** Starts Wednesday, September 3 (10-12 games). Softballs are included in the league fee.
3. **MANAGER MEETING** Wednesday, August 20, 6:30pm. **Managers or assistant managers are required to attend.** League rules and conditions of play are discussed.
4. **AWARDS** - Fifteen individual awards are presented to League Champion and Finalist teams.
5. **UMPIRE FEE** Each team is required to pay a **\$20 umpire fee** (cash) prior to each game. Umpire fees are not included in league fees.
6. The league consists of the following divisions:

<u>DIVISIONS</u>	<u>DAY/NIGHT</u>
Coed	Sunday or Wednesday night
Men's Open	Wednesday, Thursday, or Friday night
7. **CLASSIFICATION** Teams are classified based on their previous league performance and current player personnel. **Teams in each division must be evenly matched.**
8. **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.
9. **PAYMENT** Completed application and full payment is due with final application. Without payment teams are not registered in the league. VISA, MasterCard, Discover, American Express, cash, and checks are accepted.
10. **FINAL ROSTER** Rosters are due upon registration. Signatures are not required until game time.
11. Limited to fifteen players per team/ minimum age 16 years. Players cannot be added after the 8th game.
12. **INSURANCE PMBF** League fee includes SCMAF Players Medical Benefit Fund (\$500 maximum reimbursement). Additional Medical with Liability Insurance for \$150 (not required)
13. **DISTRICT REFUND POLICY** Refunds will be granted to sports league and tournament teams prior to final confirmation of team schedules. **REFUNDS WILL NOT BE GRANTED AFTER TEAM SCHEDULES HAVE BEEN ESTABLISHED.**

LEAGUE FEE BREAKDOWN

League Organization	\$ 66.90
SCMAF/PMBF	\$ 46.00
Awards	\$ 52.63
Equipment	\$ 56.01
Ballfield Lights	\$ 117.42
Umpire-in-Chief & Field Monitors	<u>\$ 61.04</u>

TOTAL FEE \$400

(Rate increase is being evaluated for 2026. Last increase was in 2021)

2025 CRPD FALL SOFTBALL Application

TEAM DETAILS

Team Name:

Manager's Name:

Phone Number:

Address/City/Zip:

E-Mail Address:

Assistant Manager:

Phone Number:

Address/City/Zip:

E-Mail Address:

Payer: (If not Manager)

Address/City/Zip:

E-Mail Address:

DIVISION SELECTION

Sunday Coed

Wednesday Coed

Fri Men's

Wed Men's D1 & D2

Thur Men's D1, D2 & D3

The majority of the players on this team reside:

In-District

Out-of-District

(District boundaries include Thousand Oaks, Newbury Park, and the Ventura County portion of Westlake Village.)

Has this team played in a CRPD League before?

No

Yes (Complete Below)

Team Name:

Season:

Night:

Record:

Notes for Sports Staff

PAYMENT DETAILS

Payment Type:

Cash

Credit Card

Check #

Cardholder Name:

Card Number:

Expiration:

I authorize the credit or debit card listed above to be charged in the event of a forfeit.

FOR OFFICE USE ONLY

Receipt Number: _____

Amount: _____

Date: _____

Team Name: _____ League: _____ Date: _____

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 any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the CRPD, CTO, COSCA, CVUSD, and WLV (collectively "entities") (including their officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns, and that I shall indemnify and to hold the above persons or entities (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with my participation in said activities. Additionally, I fully understand that my participation in the above-referenced activities exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks. PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during these activities and hereby grant CRPD permission to use any such photo(s) for advertising or in promotional materials. I UNDERSTAND IMPORTANT INFORMATION is available regarding 1) concussions that may occur during physical activities, and 2) information regarding the use of opioids, and acknowledge receipt of the information via www.crpdp.org/concussion and www.crpdp.org/opioid. CONSENT FOR EMERGENCY MEDICAL TREATMENT: As the participant or the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to CRPD 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 CRPD HAS A CODE OF CONDUCT (www.crpdp.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 ABOVE ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

#	Print First & Last Name	Phone	E-Mail	City of Residence	Signature
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