



SUMMER 2024 SOFTBALL LEAGUE

WHO: 18 AND OLDER

WHAT: MEN'S & COED RECREATION LEAGUES
(NO "C" LEVEL TOURNAMENT TEAMS PLEASE)

WHEN: STARTS WEEK OF MAY 6th, 2024 (approximately due to spring league)

WHERE: PEDRETTI SPORTS COMPLEX

MEETING: MANAGERS MEETING ON APRIL 25th @ 5:30PM
AT THE TURLOCK SENIOR CENTER (Address: 1191 Cahill, Turlock CA 95380)

SIGN UP: MARCH 20th – APRIL 12th (or until spots fill for the day)

- ALL PLAYERS MUST SIGN ROSTER BEFORE TURNING IT IN.
- EACH ROSTER MUST HAVE A MINIMUM OF 10 PLAYERS.

ROSTERS MUST BE SUBMITTED AND PAID FOR BY 5PM ON APRIL 12th.
ROSTERS RECEIVED AFTER APRIL 12th WILL BE CHARGED A \$30.00 LATE FEE.
NO EXCEPTIONS.

ALL MANAGERS MUST HAVE AN ACCOUNT IN COMMUNITY PASS TO SIGN UP.
<https://register.communitypass.net/reg/login.cfm?cuBOB%2Fvc0p4trnasCJNBkrfRqBNfCg%3D%3D>

FEE: \$585.00/TEAM PLUS \$14.00/PLAYER

PAYMENT: **NO CASH!** CHECK OR CREDIT/DEBIT ONLY (Visa/Mastercard/Discover)

NO CONCESSIONS. ALCOHOL IS NOT PERMITTED.

If alcohol is present games will be declared a forfeit with the team being subject to expulsion.



CONTACT US IF YOU HAVE ANY QUESTIONS!

144 S. BROADWAY, TURLOCK CA 95380

MONDAY – FRIDAY (8:00AM – 5:00PM)

209-668-5594 ext. 4603



Team Name: _____

GENERAL WAIVER AND RELEASE OF LIABILITY

I realize that injuries may arise while participating in sports activities. I agree to accept any and all risks on injury, death, or damages of any nature resulting directly or indirectly from my participation in this activity. I further agree that neither I nor anyone acting on my behalf will make a claim against or sue the City of Turlock its officers, agents, or employees, for any injury or damage resulting from my voluntary participation in this activity. I also hereby acknowledge and understand that the City of Turlock carries no accident or medical insurance for participants in adult recreational sports, such as Adult Softball. NOTE: In the event of damage caused by a ball, the liable party will be the person who caused the ball, by whatever means, to become errant. The City of Turlock cannot accept liability for any damages resulting from an errant ball, because such damage does not arise from the negligent act of City employees. Liability relates directly to the party causing the damage.

COVID-SPECIFIC WAIVER AND RELEASE OF LIABILITY & AGREEMENT TO ABIDE BY PROTOCOLS

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. According to the California Department of Public Health (CDPH), "COVID-19 continues to pose a severe risk to communities and requires all people in California to follow recommended precautions." Furthermore, according to the CDPH, "... the more people from outside their household with whom a person interacts, the closer the physical interaction is, the greater the physical exertion is, and the longer the interaction lasts, the higher the risk that a person with COVID-19 infection may spread it to others ... and adult sports include varied activities that have different levels of risk for transmission of COVID-19." The City of Turlock is complying with public health guidance applicable to the City and taking steps to reduce the risks of spreading COVID-19. However, these risks cannot be completely eliminated. Consequently, for the safety of our staff, participants, parents and other visitors, the City requires all persons participating in City programs during this pandemic to acknowledge an assumption of the risk, waive (i.e., release) liability, and to abide by the Guidance set forth by CDPH for Outdoor and Indoor Youth and Recreational Adult Sports Programs and the City's COVID-19 protocols, as follows:

- Assumption of Risk.** I understand and acknowledge the risk to myself and, if applicable, my team, of becoming exposed to or infected by COVID-19 at a City-owned facility, which exposure or infection may result from the actions, omissions, or negligence of myself or others, including, but not limited to, other participants or City officials, employees, volunteers, and/or representatives. I assume all such risk and accept sole responsibility for any harm or loss to myself and/or, if applicable, my team, including, but not limited to, personal injury or death or related costs or expenses of any kind, that I, or, if applicable, my team, may experience or incur in connection with the City program.
- Waiver of Liability.** In consideration for the City allowing me and/or, if applicable, my team to participate at a City-owned facility, I, on behalf of myself, and/or, if applicable, my team, hereby release and hold harmless the City, and any officials, employees, volunteers, and/or representatives thereof, from any and all liability for any and all harm or losses arising from participation at the City-owned facility, including, but not limited to, exposure to or infection by COVID-19. Further, I covenant (i.e., promise) not to sue the City, or any official, employee, volunteer, and/or representative thereof, for any such harm or loss.
- Agreement to Abide by CDPH Guidance and COVID-19 Protocols.** I agree to abide by the CDPH Guidance for Outdoor and Indoor Youth and Recreational Adult Sports applicable to my sporting activity. I agree that I, and/or, if applicable, my team, will not enter the City program if I am, and/or he/she/they is/are feeling ill, which includes, but is not limited to, the following symptoms: fever, cough, difficulty breathing, shortness of breath, chest pain, and/or bluish lips or face. I understand and acknowledge that I, or, if applicable, my team, may be denied entrance or admittance if the City determines that I am, or he/she/they is/are, showing any such symptoms. I warrant and represent that I am not aware of any medical condition of myself and/or, if applicable, my team which would render it inappropriate for me and/or him/her/they to participate in the activity. I agree to abide by the City's maximum capacity limitations and other COVID-19 related policies and procedures which may include, but not necessarily limited to, hand washing requirements and temperature checks for myself and, if applicable, my team. I agree to practice good hygiene etiquette such as sneezing into my elbow, utilizing tissues, and avoid touching my eyes, nose, and mouth, and, if applicable, to instruct my team to do the same. I understand and acknowledge that my failure to abide by and/or my failure to ensure that any player of mine abides by this agreement may result in me and/or, if applicable, my team, being removed from the City program.

CERTIFICATION: By my signature, I certify that I am familiar with the contents of this Assumption of Risk and Waiver of Liability and Agreement to Abide by COVID-19 Protocols (Adult Recreational Sports), that I have read and understand the same, and that it is my intention that it bind not only me, but my heirs, administrators, executors, successors, and assigns, and, if applicable, my child(ren).

	Player Name (Print)	Address	City & Zip	Last Team Played	Signature	Birthdate
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Please complete the following:

Manager Name: _____

Phone # Day: _____ Evening: _____

Address: _____

Level of Team (Men's A, Coed C, etc.): _____

Night preferred: 1st _____ 2nd _____

Night CANNOT play: _____

Team/Sponsor Fee: \$585.00

Player Fee: @ \$14.00 \$ _____

Late Fee @ \$30: \$ _____

Total: \$ _____