



# **SUMMER 2026 SOFTBALL LEAGUE**

**WHO:** 18 AND OLDER

**WHAT:** MEN'S, COED RECREATION LEAGUES  
(NO "C" TOURNAMENT TEAMS PLEASE)  
MEN'S LEAGUES - TUES/WED/FRI; DIVISIONS ARE MEN'S A, B, C (A IS TOP LEAGUE)  
COED LEAGUE - THURS; DIVISIONS ARE COED C, D, E (C IS THE TOP LEAGUE)

**WHEN:** TENTATIVELY STARTS WEEK OF APRIL 27<sup>TH</sup>, 2026

**WHERE:** PEDRETTI SPORTS COMPLEX

**MEETING:** MANAGERS MEETING APRIL 14<sup>TH</sup>, 2026  
Senior Center (1191 Cahill) 5:30 PM  
TENTATIVE DUE TO SPRING LEAGUE (WEATHER PERMITTING)

**SIGN UP:** MARCH 16 -- APRIL 17 (OR UNTIL LEAGUE FILLS) -- ALL PLAYERS MUST SIGN ROSTERS BEFORE SUBMISSION. EACH ROSTER MUST HAVE A MINIMUM OF 10 PLAYERS. **ROSTERS MUST BE TURNED IN AND PAID PRIOR TO APRIL 8<sup>TH</sup>. ROSTERS TURNED IN AFTER APRIL 8<sup>TH</sup> WILL BE CHARGED A LATE FEE, NO EXCEPTIONS.**

**MANAGER'S MUST HAVE ACCESS TO COMMUNITY PASS TO REGISTER.**

<https://register.communitypass.net/reg/login.cfm?cuBOB%2Fvc0p4trnasCJNBkrfRqBNfCg%3D%3D>

**WE COMMUNICATE ALL MESSAGES THROUGH COMMUNITY PASS.**

OUR OFFICE IS LOCATED AT 144 S. BROADWAY. OUR HOURS ARE MONDAY – FRIDAY 8:00AM – 5:00PM. OR EMAIL ROSTER: [recreation@turlock.ca.us](mailto:recreation@turlock.ca.us)

**FEE:** \$600.00/TEAM PLUS \$14.00/PLAYER

**LATE FEES:** \$30/TEAM APRIL 9<sup>TH</sup> – APRIL 17<sup>TH</sup>, 2026

NO CONCESSIONS, NO OUTSIDE FOOD ALLOWED, NO ALCOHOL ARE PERMITTED. If any of these are violated games are a forfeit, with team being subject to expulsion.

IF YOU HAVE ANY QUESTIONS, CONTACT CHELSIE GREENE  
AT THE RECREATION OFFICE: 668-5594 EXT. 4409.



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.**

**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						

WE COMMUNICATE TO THE MANAGERS THROUGH COMMUNITY PASS.

**Please complete the following:**

Manager Name: \_\_\_\_\_

Phone # Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Address: \_\_\_\_\_

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

Night preferred: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Night **CANNOT** play: \_\_\_\_\_

Team/Sponsor Fee:	\$600.00
Player Fee: @ \$14.00	\$ _____
Late Fee @ \$30:	\$ _____
<b>Total</b>	<b>\$ _____</b>