

**PARD Adult Softball  
Spring 2017**

**REGISTRATION FEES**

**REGULAR REGISTRATION**

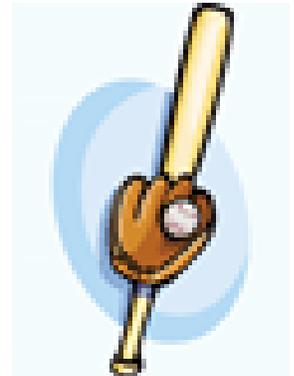
Jan 30 - Feb 24

Fee: \$360

**LATE FEE**

Feb 27 - March 10

Fee: \$395



**Dates to Remember**

Mar 16 : Coaches Meeting, 6 pm  
Broughton Recreation Center  
801 MLK Blvd.

Mar 20 : Season Begins

April 7 : Last day to add a player

City of Longview Parks & Recreation  
Location: 130 E. Timpson St.  
Mailing Address: PO Box 1952, Longview, TX 75606  
Athletic Office 903-237-1270 Fax Number 903-237-1389  
[www.parks.longviewtexas.gov](http://www.parks.longviewtexas.gov)



# CITY OF LONGVIEW PARKS AND RECREATION ADULT SOFTBALL REGISTRATION FORM

\*NOTE: ALL team names must be approved by PARD. NO questionable or suggestive names will be allowed.

TEAM NAME: \_\_\_\_\_

FORMER TEAM NAME (if applicable): \_\_\_\_\_

PRIMARY COACH: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBERS ----- CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL (REQUIRED): \_\_\_\_\_

\*NOTE: Make-up/rainout schedules will no longer be mailed to coaches, they will be EMAILED ONLY!!

**SPORT:**

- SOFTBALL (SB)
- BASKETBALL (BB)
- FLAG FOOTBALL (FFB)
- KICKBALL (KB)

**LEAGUE:**

- MEN'S OPEN (SB, BB, FFB)
- MEN'S IND. (SB, BB)
- MEN'S CHURCH (SB, BB)
- MEN'S 35 & OVER (SB ONLY)
- YTH CHURCH COED (SB, KB)
- CHURCH COED (SB ONLY)
- COED (SB, KB)
- WOMEN'S OPEN (SB ONLY)

**LAST DIVISION:**

- check the division  
the team last played in.
- DIV 1
  - DIV 2
  - DIV 3
  - DIV 4
  - DIV 5
  - DIV 6
  - NEW TEAM

**REQUESTED DIVISION:**

- check the division  
the team is requesting.
- DIV 1
  - DIV 2
  - DIV 3
  - DIV 4
  - DIV 5
  - DIV 6
  - NEW TEAM

SEASON:

SPRING

SUMMER

FALL

WINTER

SPECIAL REQUESTS - NO GUARANTEES!  
\_\_\_\_\_  
\_\_\_\_\_

I, AS COACH OF THE ABOVE NAMED TEAM, AND THE PLAYERS OF THIS TEAM AGREE TO ABIDE BY AND ADHERE TO THE RULES SET FORTH BY THE CITY OF LONGVIEW PARKS & RECREATION DEPARTMENT.

COACH / CHURCH PASTOR / TEAM MANAGER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FORM OF PAYMENT:**

- CHECK # \_\_\_\_\_  MO \_\_\_\_\_  CASH  Visa / MC / Discover

ALL PERSONAL CHECKS REQUIRE DATE OF BIRTH AND DRIVER'S LICENSE NUMBER

**OFFICE USE ONLY**

TOTAL FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, MARCH 10TH, 2017.



## PARD Adult Softball -- Spring 2017 -- Roster/Waiver Form

	Team Name	Coach	Phone	League	Division Requested
	<b>Print Player's Name</b>	<b>Player's Signature (parents if under 18)</b>	<b>Address, City, Zip</b>	<b>Phone Number</b>	<b>T-Shirt Size</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.**

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. **THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, MARCH 10TH, 2017.**

**Coach's Signature Verifying AUTHENTICITY of Signatures: \_\_\_\_\_ Date: \_\_\_\_\_**

## Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport.

**I UNDERSTAND THAT NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR THE PARKING LOT AREA AT ANY TIME.**

My signature indicates that I have read and understand these policies.

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Signature

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Printed Name

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Team

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League



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Date