

Adult Tournament Director Procedures

1. Fill out and sign the **Tournament Director Registration Form** and mail it with your payment to the USACC Office.
2. Submit a **Tournament Request** for each of your tournaments. Visit www.USASoftballCentralCal.com and check under the Adult section for the link (you do this online, it gets emailed straight to the USACC Office).
PLEASE NOTE: We will not Sanction a tournament without receiving a tournament request AND your Tournament Director Registration Form with payment.
3. **Tournament Insurance** must be purchased by 3 days before your tournament starts. You can purchase it earlier than that if you know your team count. To purchase tournament insurance, please visit www.rpsbollinger.com and click the link "USA Softball" under Specialty Programs. Then click "Buy Insurance Online" on the right side of the page. We only require you to purchase Liability insurance. After you finish checkout Bollinger will send our office an email to verify that you are indeed sanctioned. Once we click approve, you will then receive your insurance policy from Bollinger.
4. Register every team in your tournament unless they already have an ID card to show you, and list them on the **Adult Team Registration Form**. Please make sure I can read your writing and that you have provided a mailing address for each coach so that I can mail their ID Cards to them. No address, no card.
5. Please mail the **Adult Report Form**, **Adult Team Registration Form**, **Order of Finish Form** and **payment** (Total from the report form) so it is received by the USACC Office within 10 Business Days from the end of your tournament. Late or missing report packets could result in the loss or removal of Sanctioning of future tournaments.
6. Also included in the Adult Tournament Packet is the **Accident Report**. If anything happens at the tournament, please fill this out and email or fax it to the USACC Office right away. jesse@usasoftballcentralcal.com or 805-462-1026 fax



of CENTRAL CALIFORNIA

Adult Tournament Sanctioning Report Form Non – Championship Play

INSURANCE REQUEST WITH TEAM COUNT DUE NO LATER THAN 3 DAYS PRIOR TO START OF TOURNAMENT

****FOR INSURANCE COVERAGE TO APPLY, ALL TEAMS & UMPIRES MUST BE REGISTERED USA****

PLEASE NOTE Tournament Insurance is now available through www.rpsbollinger.com

TOURNAMENT DATES: _____

Host City and Park: _____

Type of Tournament/Classification: (Circle classifications) MSP – WSP – COED - MFP – WFP – Masters – Seniors

TOURNAMENT DIRECTOR: _____ Phone: _____

ADDRESS: _____ Email: _____

City: _____, CA Zip: _____

TOTAL NUMBER OF TEAMS: _____

(Circle the sanction fee below that applies to your tournament)

SANCTION FEE: ONE CLASSIFICATION: \$30.00

SANCTION FEE: TWO OR MORE CLASSIFICATIONS: \$40.00

USA Tournament Team Registration: # of Teams _____ X **\$45.00** = \$ _____

(Please include your Adult Team registration form(s) with this packet)

Make Payment to: CCASA TOTAL \$ _____

PO Box 820
Paso Robles, CA 93447

If you have questions, please contact Jessica Ralls: jesse@usasoftballcentralcal.com Phone: 805-466-8505 or Fax: 805-462-1026

This report must be completed for all USA sanctioned tournaments.

Report, Order of Finish, Fees and Registrations must be received by USACC office NO LATER THAN 10 business days after tournament ends

All of the required forms and fees are being sent in with this packet, within the time frame given by USACC. All teams attending this tournament have been registered and included with this packet.

Tournament Director Signature

Date



ADULT TEAM REGISTRATION FORM

Please make checks payable to:
 CCASA
 PO Box 820
 Paso Robles, CA 93447

**** PLEASE MAIL A COPY OF THIS FORM WITH PAYMENT OF \$20.00 PER REC TEAM or \$45.00 PER TOURNAMENT TEAM TO USACC OFFICE (address above) ****

	Reg #	Team Name	Team Classif.	Team Manager's Name	Street Address/Box Number <small>(Please include apartment number)</small>	City	State	Zip Code	Trny Code
			MSP/COED/ETC...						
1							CA		
2							CA		
3							CA		
4							CA		
5							CA		
6							CA		
7							CA		
8							CA		
9							CA		
10							CA		
11							CA		
12							CA		
13							CA		
14							CA		
15							CA		

Assoc. # 14210	OFFICIAL USE ONLY		Use separate form for each team classification. Please do not mix. If any extra materials are needed, please contact your USACC Adult & Rec Commissioner.	
	City _____	Date _____		County Code: _____
	Assoc. Commissioner: TOM DOWD CITY/LEAGUE Representative _____			City Code: _____
				Special Codes: _____

ACCIDENT REPORT

USA Softball of Central California

Phone: Tom Dowd 559-281-1622

FACILITY _____ LOCATION _____ TYPE OF EVENT _____

DATE OF INCIDENT _____ TIME _____ TEAM NAME: _____

INJURED NAME _____ AGE _____ PHONE _____

ADDRESS OF INJURED _____

WHAT WAS INJURED INDIVIDUAL DOING WHEN HURT? _____

HOW WAS INJURED INDIVIDUAL HURT? _____

EXTENT OF INJURY (specific description of incident including area of the body affected)

ACTION TAKEN BY TRNY DIRECTOR _____

HOW AND WHERE WAS INJURED INDIVIDUAL TAKEN AFTER ACCIDENT _____

IF BY AMBULANCE, PERSON REQUESTING IT: NAME _____

ADDRESS _____ PHONE _____

PARENT NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

WITNESS NAME ADDRESS PHONE

Trny Directors Signature _____ Date _____

Date Received at USA _____ Rec'd By _____

IN THE EVENT OF A SERIOUS ACCIDENT REQUIRING MEDICAL ATTENTION, CONTACT TOM DOWD at 559-281-1622 or Assoc Office at 805-466-8505. Mail form to PO Box 625, Clovis, CA 93613-0625

Please give one copy to Tom Dowd, one copy to site/city contact and one copy to the Trny Director