



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.USA SoftballCentralCal.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:** You must visit the website below and follow the steps to get an additional named insured for your field owner.
 1. Go here: <https://apps.rpsbollinger.com/asa/online-orders/adult-team-registration.aspx>
 2. Check the box at the top under where it says **IMPORTANT**
 3. For "Certificate Type" choose "Proof of Insurance and Additional Insured"
 4. For the "Registered Name" put the Name of your Tournament
 5. Certificate Holder name is the name of the City/Etc that owns the fields you're using
 6. Are you Hosting a Tournament? CHOOSE YES, then select your tournament date(s)
 7. Finish filling in the City/etc field owners address info
 8. "Your Information" should be you, the tournament director's, information
 9. "Your Commissioner" Select JESSICA RALLS so I will get the email to approve for you
 10. Click "Submit to Commissioner for Approval"

I will receive an email from Bollinger; once I click Approve you will get an email from Bollinger with your additional named insured certificate as well as a proof of insurance certificate.

IF YOUR CITY/ETC requires extra information on the endorsement, simply forward the certificate to my email once you receive it and let me know what extra stuff the field owner wants.
4. Register every team in your tournament unless they already have a USA Softball Team ID card to show you, and list them on the **Adult Team Registration Form**. Please make sure I can read your writing (or email me for the excel file so you can type it all in) 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.* Also please have every team fill out the **National Championship Roster** with PLAYER SIGNATURES in order for them to have proper coverage. **Tournament Directors should keep these rosters on file for 5 years.**
5. Please mail the **Adult Report Form**, **Adult Team Registration 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. If you choose to pay with credit card or bank transfer, you can email everything to me if you prefer and I will send you a secure link to pay online.
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

Date _____



ADULT TEAM REGISTRATION FORM

Please make checks payable to:
 USA Softball of Central Cal
 PO Box 820
 Paso Robles, CA 93447

PLEASE MAIL A COPY OF THIS FORM WITH PAYMENT OF \$25.00 PER REC TEAM or \$45.00 PER TOURNAMENT TEAM TO USACC OFFICE (address above)
 OR this form may be emailed to jesse@usasoftballcentralcal.com and an invoice will be emailed to you for your finance department to issue payment

	Team Name	Team Classif. MSP/COED/ETC...	Team Manager's First Name	Team Manager's Last Name	Street Address/Box Number (Please include apartment number)	City	State	Zip Code
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	

OFFICIAL USE ONLY		Group teams by classification please, do not mix.
City _____ Date _____	County Code: _____	
CITY/LEAGUE Representative _____	City Code: _____	
Assoc. Commissioner: TOM DOWD	Special Codes: _____	
		Rule Books can be found on our website under the Adult Program tab. www.USASoftballCentralCal.com



OFFICIAL CHAMPIONSHIP ROSTER

LIABILITY WAIVER



I, the signed player or the parent or legal guardian of a minor player named on this roster, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below. 2.) I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play. 2.) I release, discharge and agree not to sue the team and/or league designated below or any owner or leasee of fields on which softball is played or practiced by my team or USA Softball, their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field or USA Softball for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PLAYER AFFIDAVIT

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE. I have received USA Softball's Official Rules of Softball and I understand and agree to be bound by the rules of USA Softball. I am a member in good standing of this softball team and I am eligible to compete with this team in the Championship Play of USA Softball. I understand that I may play on only one team within a division during the season in USA Softball Championship Play and this is the team which I have elected to play for this season. I understand and agree that USA Softball has the right to take permanent possession of a bat that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to USA Softball and its local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of softball I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON INVERSE PAGE. NOTE: FOR JUNIOR OLYMPIC DIVISIONS, VERIFICATIONS OF BIRTH DATE FOR EACH PLAYER MUST BE ATTACHED (i.e., Birth Certificate, Baptismal Certificate or Hospital Certificate may be used.) Legible photo copies will be accepted.

I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the affidavit.

I also hereby give permission to USA Softball and its local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and after receiving USA Softball's Official Rules of Softball, and after being duly sworn, depose and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the above in their handwriting and they are eligible to compete with my team in the Championship Play of USA Softball and agree to be bound by the rules of USA Softball as contained in the USA Softball Code and USA Softball's Official Rules of Softball.

USA SOFTBALL COMMISSIONER STATEMENT

ALL OF THE INFORMATION ON THIS ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of USA Softball Local Association Commissioner or designee

Date: _____ Mobile Phone: _____

Manager's Name (Print)

Local Association and Region Number

Manager's signature

Signature of USA Softball Deputy/District Commissioner

Manager's Address (Print)

City: _____ State: _____

Zip: _____ Home Phone: _____

Office/Mobile Phone: _____

Email: _____

USA SOFTBALL OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



20 ____ USA SOFTBALL OFFICIAL NATIONAL CHAMPIONSHIP ROSTER
Year

- 1) Each adult player should read the statement on opposite side before completing and signing this roster
- 2) Parents/Guardians signature should be on the same numbered line below as the players' name.
- 3) Players are subject to the USA Softball Drug Control Procedures and Policies as provided in the USA Softball Code

Team Name City & State Division & Classification of Championship Play
(men/women/boys/girls; slow pitch/fast pitch; 18-under; church, etc.)

*By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side. NOTE: Team accident insurance is not provided for USA Softball National Championship play. USA Softball has made available the voluntary purchase of team accident insurance. See your USA Softball commissioner for information.

PR	PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	BONAFAIDE RESIDENCE (Street, City, State, Zip)	E-MAIL ADDRESS (Optional)	INITIALS*
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					

ACCIDENT REPORT FORM

USA Softball of Central California

Phone: Tom Dowd 559-281-1622

USA SOFTBALL™
of CENTRAL CALIFORNIA

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 the Association Office at 805-466-8505

Please give one copy to our Office (*email this form to jesse@usasoftballcentralcal.com*),
one copy to the site/city contact and one copy to the Tournament Director.