



2018 MEN'S FALL SOFTBALL LEAGUE



All participants in the Softball League are expected to follow guidelines established in the rules and regulations of the league and conduct themselves in an appropriate manner.

Times & Location: August 27th thru October. There will be 7 weeks of double headers for a total of 14 games*. **All games will be played at State Farm Park.** Game times are on **MONDAYS** at 5:30, 6:30, 7:30 and 8:30 p.m. Games are limited to one hour. *could vary on number of teams

Cost: \$20 per full-time player.

Team Requirements: Teams must consist of at least 12 full-time players. There is no maximum. Any team found to be playing a scheduled game with a non-roster player will forfeit not only that game but all games played up to that game.

Teams may consist of the following: Employees & SFEA members only. No guests are allowed. All players must be in high school or older. High school aged players are not eligible for awards. Individuals who enroll will be assigned to an existing team or be combined to form a new team.

Awards: A Team award will be provided for the first place team.

All teams will be registered with the ASA. An ASA rule book and score book will be provided to each team via the ASA team registration. The league will be using a 4 Home Run limit.

Enrollment closes on August 15th. When completing the enrollment form, note last year's team name if changing the name. New teams should check "New Team" on the enrollment form. Send one check payable to SFEA with your enrollment. All enrollment forms must be received in the Corporate South Activities Office, K-1, by 1 p.m. on August 15th. Activities is not responsible for cash sent through the mail or late delivery of mail. Refunds are not permitted once enrolled. If you have any questions, please contact League Coordinator Brian Schmidt at (MNL2) or SFEA Board Member Casey Heaton (TM5X).

****Mail to SFEA, K-1, Corp South****
Enrollment Closes Aug 15th

Men's Softball League
\$20/Full-time

Individual Enrollment:

Name _____ Alias _____ SFEA # _____

Circle position(s) played: C P 1B 2B 3B SS OF

Are you willing to be a captain of a new team? (please circle one) YES / NO

Team Enrollment:

Team Name _____ New Team _____

F=Full Time/ G=Guest

	Name	F/G	Alias	SFEA #
Captain	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____
9)	_____	_____	_____	_____
10)	_____	_____	_____	_____
11)	_____	_____	_____	_____
12)	_____	_____	_____	_____
13)	_____	_____	_____	_____
14)	_____	_____	_____	_____
15)	_____	_____	_____	_____

Total # of Participants: (full/guest) _____ Total Amount Enclosed \$ _____

Print additional pages as needed (one check per team)

SFEA Sports
Agreement and Release of Liability

I, (*Print First and Last Name*) _____, desire to participate in various activities (the "Activities") organized by State Farm Employee Activities Association (SFEA).

In exchange for being permitted to participate in the Activities, I hereby agree to release on behalf of myself and my heirs, personal representatives and assigns any and all claims, demands and liabilities that I or my heirs, personal representatives or assigns now have or may have in the future against State Farm Mutual Automobile Insurance Company and any of its affiliates and/or their respective directors, officers, agents or employees (the "Released Parties") for property damage, personal injury, illness and/or death arising or resulting from the Activities or my participation in them, whether on State Farm's premises or elsewhere. I also agree not to sue or to commence any legal action, complaint or charge against any of the Released Parties regarding any matter covered by this *Agreement and Release of Liability*.

I recognize and understand that the Activities may include inherently hazardous activities, which may cause serious injury. I hereby expressly and specifically assume the risk of injury or harm in regard to these potentially hazardous activities.

By signing below, I acknowledge that I have carefully read this *Agreement and Release of Liability* and agree with its terms and their binding effect on me, my heirs, personal representatives and assigns.

Dated: _____

Signed: _____