

Women's 2019 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.



It's time to enroll in the Women's Softball League. Whether you are an avid softball player, or just out for the exercise, there is a team that will fit your skill level. So join the fun and get ready to take the field!

Any SFEA member may enroll any or all dependent family members of at least high school age and listed on their membership. Teams must consist of at least 10 full time players. Each player must complete the attached waiver and submit with the team registration. (For a team of 10 players, please submit 1 registration form, 1 check, and 10 waivers). Leagues are open to SFEA members only. This league requires a minimum of 4 teams.

Divisions: Recreational & Competitive depending on number of teams.

Part-time Pool! If you are interested in playing but cannot commit to a team, this pool is for you. For the \$5 part-time player fee, you can have your name put on a call list in the event a team is going to be short players for an evening. The list will be made available to the captains in each division. You cannot be in the pool if you are already a dedicated part-time player for a team.

The league runs from May - August. All games will be played at State Farm Park. The league is governed by ASA Softball Slow Pitch rules. All League games will be played on Monday nights at 5:30 and/or 6:30*. (Note: Days/times could change depending on the number of teams that sign up).

Rainout games will be held on Wednesdays at 5:30 p.m. & 6:30 p.m.

Note: In an effort to avoid forfeits, players may sign up to play in both leagues. However, a Recreational team may not have more than three Competitive league players on its roster. Players may only enroll with one team per league.

Enrollment closes on March 28. The enrollment fee is \$16 per full-time player that is an SFEA member (a minimum of 10 full-time players are required) and \$5 per part-time player. SFEA members who wish to play but are not associated with a team, are encouraged to sign-up as individuals. Each individual participant will be assigned to an existing team or combined to form a new team.

Please direct any questions to League Coordinator Christy Ward (C1AO), Assistant League Coordinator Candace Fleming (QU4V), or SFEA Board Sharon Bryant (JF92).

Women's Softball League #681

\$16/full-time \$5/part-time

___ Competitive

___ Recreational

___ Part-time Pool Home# ___ - ___ Cell# ___ - ___

Note: Please mark appropriate line, then proceed to the individual OR team enrollment portion below. Make sure to include your SFEA number!

Interoffice to HRSS/Activities, 2nd Floor, OAB Enrollment Closes *March 28th*

Individual Enrollment ___ **OR** **Part-time Pool** ___

Name	Location	Phone	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 _____

Name	F=Full-time P=Part-time	Alias	SFEA #
Captain _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____
13) _____	_____	_____	_____
14) _____	_____	_____	_____

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