



2019 Men's 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.

This 12-game regular season will start April 16th and finish up in August with League Playoffs.



The enrollment fee is \$275 per team. 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. 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 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. Each division requires a minimum of 4 teams. Sign up all players that plan to play in the season; full time or sub on your roster

Individuals who enroll will be assigned to an existing team or be combined to form a new team and a captain will be determined.

At the end of the regular season, the top six teams from each division will play in their own respective double elimination tournament. The determination for awards at the end of the tournament are pending based on the number of teams that sign up for the league.

All games will be played at State Farm Park.

Game times are 5:30, 6:30, 7:30 and 8:30 p.m. Games are limited to one hour.

Your teams can request to play in one of the following divisions:
(Home run limits apply by division: A-4HR, B-2HR, All HR limits are 1-up)

<u>Divisions</u>	<u>League Night</u>
Recreational 2 Homeruns + 1 Up	Tuesday
Competitive 4 Homeruns + 1 Up	Tuesday

2 HR Division - A homerun after the limit is reached will be a dead ball single rather than an out. Everyone will move forward 1 base. The 1 up rule still applies.

Final division assignments will be determined by the Softball Committee, within the scope of the league rules. 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.

Enrollment closes on March 20th. When completing the enrollment form, note last year's team name if changing your team name. New teams should indicate "New Team" on the enrollment form. **SEND ONE CHECK** payable to SFEA with your enrollment.

If you have any questions, please contact League Coordinator Brian Schmidt (MNL2) or SFEA Board Member Casey Heaton (TM5X).

Interoffice Mail: HRSS/Activities, 2nd Floor, Oakland Avenue Building (OAB)
Mail-In address: HRSS/Activities, 2309 E. Oakland Avenue, Bloomington, IL 61701

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

Men's Softball League (#680)
\$275/team

Please rank your preference

_____ Recreational (2 Homeruns +1 Up)

_____ Competitive (4 Homeruns + 1 Up)

***Enrollment Closes
March 20***

Individual Enrollment:

Name	Employee/Spouse	Ext.	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
What type of involvement are you looking for? (please circle one)?			FULL-TIME	PART-TIME

Team Enrollment:

Team Name _____

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

16)	_____	_____	_____	_____	-
17)	_____	_____	_____	_____	-
18)	_____	_____	_____	_____	-
19)	_____	_____	_____	_____	-
20)	_____	_____	_____	_____	-
21)	_____	_____	_____	_____	-
22)	_____	_____	_____	_____	-
23)	_____	_____	_____	_____	-
24)	_____	_____	_____	_____	-
25)	_____	_____	_____	_____	-
26)	_____	_____	_____	_____	-
27)	_____	_____	_____	_____	-
28)	_____	_____	_____	_____	-
29)	_____	_____	_____	_____	-
30)	_____	_____	_____	_____	-

Total # of Participants: _____
Print additional pages as needed

Total Amount Enclosed \$275.00
(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: _____