



# City of Delaware Adult Softball Leagues

## Summer 2019

- Leagues are offered for Women's, Men's, and Co-Rec teams.
- Players must be at least 18 years old and be out of high school.
- All games are played at Smith Park on Troy Road.
- NSA rules apply in addition to City of Delaware rules.
- Only TEAM registrations are accepted,
- Deadline to register your team is Sunday, **April 14<sup>th</sup>**.

### **League Start Dates:**

Men's - Thursday April 25<sup>th</sup>

Women's - Friday April 26<sup>th</sup>

Co-Rec - Sunday April 28<sup>th</sup>

The following **MUST BE COMPLETED** at the time of registration.

1. Registration fees in the amount of **\$375.00** must be paid in full.  
A **\$25.00 late fee** will apply to any registration received after April 14<sup>th</sup>.
2. **Official Roster Form**, including names and contact information of each roster player.
3. **Adult Sports Release Form** filled out and signed by **ALL** roster members.

### **NOTE:**

**INCOMPLETE PAPERWORK, ILLEGIBLE PAPERWORK, AND/OR PARTIAL FEES  
WILL NOT BE ACCEPTED AT REGISTRATION.  
NO EXCEPTIONS.**

Please contact **Rob Morris** or **Jake Bonofiglio** for more information.

**Email:** [rob.morris@ymcacolumbus.org](mailto:rob.morris@ymcacolumbus.org) or [jake.bonofiglio@ymcacolumbus.org](mailto:jake.bonofiglio@ymcacolumbus.org)

Delaware Community Center YMCA, 1121 S. Houk Road, Delaware, OH, 43015

**Phone:** (740) 203-3051



# City of Delaware

## Adult Softball Leagues

### Summer 2019

Team Name: \_\_\_\_\_

League (circle):

**Thursday Men's**

**Friday Women's**

**Sunday Co-Ed**

Team Captain: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(M) \_\_\_\_\_

(W) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Email: \_\_\_\_\_

**EARLY REGISTRATION FEE:** \$375.00 thru April 14, 2019

**POST-DEADLINE FEE:** \$400.00 after April 14, 2019

For more information, contact **Rob Morris** at or **Jake Bonofiglio**:

**P: (740) 203-3051**

**E: [rob.morris@ymcacolumbus.org](mailto:rob.morris@ymcacolumbus.org) or [jake.bonofiglio@ymcacolumbus.org](mailto:jake.bonofiglio@ymcacolumbus.org)**

Return this form, with all associated signed sheets, and full registration payment to:  
**Delaware Community Center YMCA, 1121 S. Houk Road, Delaware, OH 43015**

# ADULT SPORT LEAGUES OFFICIAL ROSTER FORM

Team Name: \_\_\_\_\_

## 20 PLAYERS MAXIMUM ON THIS ROSTER!

	NAME	PHONE (H or W)	EMAIL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

**DELAWARE YMCA  
ADULT SPORT RELEASE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

SPORT/ACTIVITY: **Adult Softball**

**CONSENT / RELEASE**

**CONSENT TO USE PHOTOGRAPHS:** I understand that photographs may be taken of me and/or my child at any recreation program or facility for publication in material used to promote department programs, classes, or events.

**RELEASE OF ALL CLAIMS and PROMISE NOT TO SUE:** I/we the participant in sport/activity listed above, release the City of Delaware, The YMCA of Central Ohio, their employees, agents, officers and servants of any risks and hazards incidental to the above activity and hereby forever release, waive and relinquish the City of Delaware, The YMCA of Central Ohio, its instructors and supervisors, and all other persons assisting in the conduct of said activities to the participant. I/we understand that because of prohibitive costs, no accidental, health, or life insurance covering the participants in this program will be procured and that my/our consent to the participation of the above named participant in this program is made with this understanding.

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE ELIGIBLE TO PLAY,  
ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM.**

**NO EXCEPTIONS!**