2018 Delauter's A-1 Moving WHITE ROSE SOFTBALL LEAGUE

TEAM REGISTRATION FORM

PLEASE CHECK ON	E: WOMEN'S	MEN'S C, D & E cla	ssification teams only
TEAM NAME			
MANAGER		PHONE (H)	(W)
EMAIL			CELL
ADDRESS		CITY/STATE	ZIP
ASSIST. MANAGER_		PHONE (H)	(W)
EMAIL			CELL
TEAM NAME LAST Y	EAR		
DIVISION PLAYED L	AST YEAR		
PREFERENCE OF N	IGHT PLAY IN 2018 SE (There is no	ASON guarantee you will get your	preference)
Please Note!	Any special requ	ests <u>must be in writing an</u>	d accompany this form.
I do hereby agree with League.	n my signature to abide	by all rules and by-laws of th	e ASA and the White Rose Softball
MANAGER'S SIGNA	ΓURE		DATE
ASSISTANT M	ANAGER MUST BE FI		TELEPHONE NUMBERS OF THE THE APPROPRIATE SPACE! one number changes)
PLEASE NOTE:	On roster, all players	must sign and fill out wha years. The player is not eli	team(s) they have played for gible if both are not complete.
		OFFICE USE ONLY	
ENTRY FEE:	payment pay		s plus \$25 USSSA fee (separate A fee payable to ASA of PA and \$15 ident on roster
DATE PAID:	(If paid	l <u>after</u> February 19, 2018 the	fee is \$745.00)
LEAGUE FEE CHECK NUMBER:	() CHECK IF PAYMENT	MADE BY CASH
USSSA CHECK # ASA CHECK #	() USSSA FEE IF PAYMI) ASA FEE IF PAYMEN	
RECEIPT NUMBER:		nount paid (entry fee + non-c	
INITIALS:		Resident Fee (After 2/26/18)

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PLAYERS AGREEMENT - 2018

I do further agree to play softball for the above club with no compensation or article of value for my services and that I will play in accordance with all USSSA playing rules and/or by-laws of the league during the 2018 season. <u>I understand that by signing this contract I have committed myself to play for no other team during the 2018 season.</u>

I further promise to return all team or league property placed in my custody or loaned for use, on demand, or on being released from the above-mentioned club.

I further promise to return my uniform to the manager within 30 days after the season ends. If my uniform is not returned, I will not be permitted to play for any other team for one year.

I do further release and hold harmless the City of York, and any of its officers and employees from any and all claims and causes of action for personal injury arising or growing out of the activities of the undersigned involving or indirectly related to the activities of the Delauter's A-1 Moving White Rose Softball League.

<u>(P</u>	laying background for 2017, 2016 8	2015 must be filled out for all players)	City	Non-City
1.	Name (print)	Signature Phone #		Resident
	I played for (Team Name) 2017	1 Hone #		
	2016			
2.	Name (print)	Signature Phone #	-	
	I played for (Team Name) 2017			
	2016			
3.	Name (print)	Signature Phone #		
	I played for (Team Name) 2017			
	2016			
4.	Name (print)	Signature Phone #		
	I played for (Team Name) 2017			
	2016 2015			

TEAM N	AME	\	ONE
		City Resident	Non-City Resident
5. Name	e (print)Signature _		Resident
	Phone # _		
	played for (Team Name)		
20	017		
20	016 015		
6. Name	e (print)Signature		
١r	Pnone # _ played for (Team Name)		
	017		
20	016		
20	015		
7 Name	e (print)Signature _		
i. Ivallic	Phone #		
Ιp	played for (Team Name)		
20	017		
20	J16	()	
20	015		
8. Name	e (print)Signature	;	
	Phone #		
	played for (Team Name)		
20	017		
20	016 015	O	
_`			
9. Name	e (print)Signature _		
	Phone #		
	played for (Team Name)		
20	017		
20	016 015		
20			
10. Nam	ne (print)Signature_		
	played for (Team Name)		
20)17)16		
20	016 015		
ii. Nam	ne (print)Signature Phone #		
Ιŗ	played for (Team Name)		
20	017		
20	J16		
20	015		

TEAM NAME			ONE
		City	Non-City Resident
12. Name (print)	Signature		Resident
	Phone #		
I played for (Team Name) 2017			
2016			
2015			
13. Name (print)			
· /	Phone #		
I played for (Team Name) 2017			
2016			
2015			
14. Name (print)	Signature		
I played for (Team Name)	Phone #		
• • • • • • • • • • • • • • • • • • • •			
2016			
2015			
15. Name (print)			
I played for (Team Name)	Phone #		
2016			
2015			
16. Name (print)	Signature Phone #		
I played for (Team Name)			
2017			
2016 2015			
17. Name (print)	Signature		
	Phone #		
I played for (Team Name)			
2017			
2016			
2015			
18. Name (print)	Signature		
u - 7	Phone #		
I played for (Team Name) 2017			
2016			
2015			

TEAM NAME	\(\sqrt{}\)	ONE
	City Resident	Non-City Resident
19. Name (print)Signature		resident
Phone #		
I played for (Team Name) 2017		
2016		
2015		
20. Name (print)Signature		
Phone #		
I played for (Team Name)		
2017 2016		
2016 2015		
2010		
21. Name (print)Signature Phone #		
I played for (Team Name)		
2017		
2016		
2015		
22. Name (print)Signature		
Phone #		
I played for (Team Name) 2017		
2016		
2015		
23. Name (print)Signature		
Phone #		
I played for (Team Name) 2017		
2016		
2015		
24. Name (print)Signature		
Phone #		
I played for (Team Name)		
2017		
2016		
2015		
25 Name (print) Signature		
25. Name (print)Signature Phone #		
I played for (Team Name)		
2017		
2016		
2015		

REMINDER

THERE IS A \$15 FEE FOR EVERY NON-CITY RESIDENT ON YOUR ROSTER. FEES ARE DUE WITH TEAM REGISTRATION FEE. PROOF OF CITY RESIDENCY (PHOTO I.D. OR SEWER BILL) FOR CITY RESIDENTS ON ROSTER MUST ACCOMPANY THIS FORM.

PLAYERS ARE INELIGIBLE UNTIL FEE OR I.D.'S ARE TURNED IN.