



**City of San Ramon
Parks and Community Services
Sports Division
Registration Information**



2016 Adult Summer Kickball League

Thanks for your interest in our Adult Coed Kickball League! The City of San Ramon offers Coed Kickball Leagues during the Spring, Summer and Fall. This packet lists information for our 2016 Summer Season. In order to register you will need to submit a team application, a team roster form, (with signatures), and league fees to one of the San Ramon Community Centers. **Registration is due by Friday, June 3, 2016.**

League Information

	Summer
Season Dates:	6/28/16 – 8/9/16*
Location:	Central Park Baseball Field #1
Night:	Tuesdays
Game Times:	6:30PM, 7:30PM, 8:30PM (depending on # of teams)
# of Games	6
Max. # of Teams:	7
Age:	18+
Activity #:	100413
Early Bird Registration Fee 5/2 – 5/18	\$365 Resident Team/ \$411 San Ramon Sponsored Team/ \$456 Non-Resident Team
Registration Fee After 5/18	\$415 Resident Team/ \$461 San Ramon Sponsored Team/ \$506 Non-Resident Team

* Dates and times are subject to change.

LEAGUE FEES:

Fees are shown in the following order: Resident Team / San Ramon Company Sponsored Team / Non-Resident Team

- **Resident teams** may have no more than 6 non-resident players. Non-Resident = Non-San Ramon Resident - **\$365/\$415**
- **San Ramon Company sponsored teams** must have the entire payment come from a company check or credit card - **\$411/\$461**
- **Non-resident teams** have more than 6 Non-Residents and are not sponsored by a San Ramon Company - **\$456/\$506**

REGISTRATION: Registration is on a first come, first serve basis.

Opens (ALL TEAMS):	Monday, May 2, 2016
Closes:	Friday, June 3, 2016 at 5PM

TO APPLY:

Team managers must submit the following:

1. 2016 Summer Adult Kickball Application (page 3).
2. An official team roster (page 4) **OR** add forms **with all player signatures and information.**
3. League Fee (see above)

ROSTERS:

1. **NOTE:** All players must sign the roster/waiver.

2. All rosters **must be complete**. **Add forms that are completely filled out count as an official roster spot.**
3. Teams that register under the Resident rate cannot have more than 6 Non-Residents on their roster at any point during the season. If a Resident team has more than 6 Non-Residents on their roster, they will be re-registered as a Non-Resident team and must pay the difference in fees (\$91)
4. Any player missing address information on roster will automatically be considered a Non-Resident.
5. Teams must carry a minimum of 11 players and a maximum of 20 players on their roster. **Players MUST be 18+.**
6. Players may be added or dropped through the 4th week of the 6 games season.

HOW TO APPLY:

Managers may use the following methods to submit registration packets:

1. **In-person** - San Ramon Community Center (12501 Alcosta Blvd), Monday – Friday, 8:30am-5pm (Cash, Check, Credit)
2. **By Fax** – All items must be included in the fax, as well as payment (Credit Card ONLY) – Go to the following link to download the Fax Payment Form (925-830-5162): <http://www.sanramon.ca.gov/Parks/PDF/recguide/reg.pdf>
3. **By Mail** – Send all registration items to 12501 Alcosta Blvd, San Ramon, CA, 94583 (Payment by Check ONLY) – Call 973-3200 to confirm registration items were received.

MANAGERS MEETINGS:

A **MANDATORY** Managers meeting will be held at the **San Ramon Community Center (Tuesday, June 21 at 6:00pm)**. All managers will be responsible for knowing all of our league rules and policies, which we will go over during this meeting. Schedules will also be distributed at this meeting. The team manager is responsible for picking up schedules. If a manager cannot make it to the meeting they are responsible for sending someone in their place.

INTEREST LIST:

The City of San Ramon maintains a list of individuals who are interested in joining a team. Managers are encouraged to take advantage of this list if they are in need of additional players.

Individuals who are interested in joining a team should contact Adam Chow at 925-973-3209 or achow@sanramon.ca.gov to be added to the interest list.

NOTE:

A player can only play on **ONE** Kickball team **PER LEAGUE** in San Ramon.

GENERAL INFORMATION

The next season held will be the 2016 Fall Season which will begin in September 2015. If you do not receive the registration information by August 2016 or wish to have your name deleted from our mailing list, please call us at (925) 973-3209 or email Adam Chow at achow@sanramon.ca.gov.

Always notify the Community Center at (925) 973-3200 if you move so we can keep our mailing list up to date.



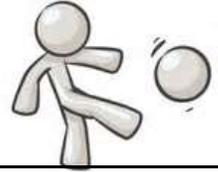
SAN RAMON PARKS & COMMUNITY SERVICES

Creating Community through People, Parks, Partnerships & Programs

(925) 973-3200

www.SanRamon.ca.gov

Fax (925) 830-5162



2016 Adult Kickball Team Application

Please indicate the leagues you would consider your team to play in.

SUMMER

_____ Tuesday Coed Adult Kickball (6 Games) *Act. # 100413*

LEAGUE FEES

_____ Resident Team \$365/**\$415***

_____ San Ramon Sponsored Team \$411/**\$461***

_____ Non-Resident Team \$456/**\$506***

**Registration fees received after June 3, 2016.*

Team Name: _____

Manager's Name: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Address: _____ **City:** _____ **Zip:** _____

E-Mail Address (Required): _____

Asst. Manager's Name: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Address _____ City _____ Zip _____

E-Mail Address (Optional) _____

Did this team play in a league last year? Yes _____ No _____

If Yes? Where: _____ Level: _____ Record: _____

If played in San Ramon, how many seasons? _____

I hereby request placement of the above-named team in City of San Ramon 2016 Summer Adult Kickball League. I understand that all participants on this team will abide by all rules and regulations set by the City of San Ramon Parks and Community Services Department. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid. I realize if my team has registered been expected in the league, and then drop out of the league I risk forfeiting fees pay.

I hereby certify that the above information is correct and understand that the League Director has the right to put my team in an appropriate league.

Manager's Signature _____ Date _____



City of San Ramon Parks & Community Services Department - Sports Division
ADULT KICKBALL WAIVER & PLAYER ATHLETIC CONTRACT

TEAM NAME: _____ LEAGUE: _____
 MANAGER'S NAME: _____ PHONE(H) _____ (C/W) _____
 ADDRESS: _____ CITY: _____ ZIP: _____

Player Waiver, Release of Liability and Indemnification Agreement

Please read carefully and sign below:

I agree to adhere to the rules and regulations of the City of San Ramon Parks and Community Services Department Adult Sports Leagues and abide by the Player Code of Conduct.

I, the undersigned, understand that there is an inherent risk of injury in programs that I may participate in and in further consideration of participation in the City of San Ramon Parks and Community Services Department Adult Sports Leagues, agree that I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assignees:

To defend, indemnify and hold harmless the City of San Ramon, its officers, employees, affiliates, or agents, the Amateur Softball Association, its officers, employees, or agents, from and against any and all claims, liabilities, losses, damages, costs or expenses, and release the City, its employees, elected officials, volunteers, and agents and the Amateur Softball Association, its employees, elected officials, volunteers, and agents from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of persons or entities listed above, arising from, or in any way connected with my participation.

I understand that my signature is a legal and binding signature and will be considered original if received by electronic means.

I have read, understand and voluntarily sign this agreement, and further agree that no oral representations, statements, or inducements apart from the above written agreement have been made.

MANAGER'S SIGNATURE _____ **DATE** _____

READ AND COMPLETE THE PLAYER WAIVER

	NAME	PLAYER SIGNATURE	ADDRESS	CITY	ZIP	PHONE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

ALL PLAYERS MUST AGREE TO AND SIGN WAIVER TO BE ELIGIBLE TO PARTICIPATE IN THE ADULT KICKBALL PROGRAM.