



**City of Foster City  
Parks and Recreation Department  
Sports Division  
Registration Information**

**2024 Adult Fall Spring League**

Foster City would like to thank you for your interest in our upcoming season. Foster City's Adult Spring Softball Season will start the week of March 11 and end in June. The season runs 12 weeks with the top four teams making playoffs. We have provided all information to make registration easier for you. Registration begins February 1st and deadline is **5:00 p.m. on Thursday, February 29, 2024.**

**League Information**

Season Dates:	Week of March 11 – June
Location:	Edgewater Softball Field
Game Times:	7, 8, and 9 PM (Weeknights)
Teams:	7 Teams per Division (Max)
League Fees:	\$840 (single umpire)

**TO APPLY:**

Team managers must submit the following:

1. Spring 2024 Adult Softball Team Application.
2. An official team roster, note non-res. that work in Foster City
3. Proof of residency for each player that lives in Foster City.
4. League Fee (Payable to City of Foster City)
5. Team name - Preferred night

**ROSTERS:**

1. **NOTE: All players must sign the roster/waiver.**
2. All rosters must be complete.
3. Teams must carry a minimum of 12 players and a maximum of 18 players on their roster.
4. Players may only be added or dropped before the fifth league game.

**LEAGUE  
DIRECTOR:**

The League Director shall:

1. Determine the number, classification and type of leagues offered.
2. Shift teams from one league to another in order to provide a more balanced league.
3. Govern the league according to USA Softball and league rules.

**GENERAL INFORMATION**

The next season will be the 2024 Fall season, which will begin in September. If you do not receive the registration information by the beginning of June, call us at 286-3379. **Always notify the Recreation Center if you move or change e-mail addresses so that we can keep our mailing list up to date. If you wish to have your name deleted from our mailing list, please call us.**

**For more information, please call Foster City Parks and Recreation at 286-3379.**



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**2024 Adult Fall Softball Team Application**

Please indicate the leagues you would consider your team to play in. Label the leagues in order according to your preference (i.e., put "1" by your first choice and "2" by your second choice etc.). Use one entry form for each team entered.

_____ Monday Modified Coed Division	_____ Thursday Men's D2 Division
_____ Tuesday Modified Coed Division	

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

Manager's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Asst. Manager's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Did this team play in a league last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes? Where: \_\_\_\_\_ Level: \_\_\_\_\_ Record: \_\_\_\_\_  
If played in Foster City, how many seasons? \_\_\_\_\_

I hereby request placement of the above-named team in City of Foster City 2024 Adult Softball League. I understand that all participants on this team will abide by all rules and regulations set by the City of Foster City Parks and Recreation 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 Foster City  
Parks and Recreation Department  
Sports Division

**ADULT SOFTBALL ROSTERS & WAIVERS**

TEAM NAME: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Player Waiver, Release of Liability and Indemnification Agreement**

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntary and of my own free will, I elect to participate as a member of the softball team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for by the team or leagues:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated above, the field owner or other entity designated above, The City of Foster City, The Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released.
3. I am aware that I am responsible and liable for any damages to the facility, equipment, or private property as a result of my actions.

**I acknowledge that I have read and that I understand each and every one of the above provisions in this waiver, release of liability and indemnification agreement and agree to abide by them. As the team manager I am aware I will be responsible for any damage done by any player who has not signed the official team roster.**

MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**READ AND COMPLETE BOTH SIDES OF THE WAIVER**

**CITY OF FOSTER CITY  
ADULT SOFTBALL LEAGUE ROSTER & WAIVER**

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

**READ AND COMPLETE BOTH SIDES OF THE WAIVER**

**A player signing his/her name on this softball roster form acknowledges that they have read and understand all of the provisions of the waiver and release form on the reverse side of this form**