

2017 LCP REGISTRATION FORM

August 4-6, 2017

No Dogs at Fields (including the parking lot)

Even though we raised the limit of the number of teams to 44, we still had to turn some teams away. Don't let this happen to you! It is important that you register early to ensure a spot.

Registrations are due by June 19, 2017

To register a team, an entry fee of **\$450** must accompany this application.

Make checks payable to Nancy Zimmer & mail to 2142 NW 131st Ave, Portland, OR 97229.

*There will be no managers' meeting, but each team is required to check in at the field before their first game, submit an official roster AND waiver form, and verify that you have a team first aid kit. All bats will be checked before start of games.

Please fill out all the information below:

Team Name: _____

Contact: _____

Phone _____

Address: _____

E-Mail: _____

2nd Contact: _____

Phone: _____

Address: _____

Current League: _____ **Team Colors** _____

Win/Loss Record: _____
Level (Circle one) C D E Recreational

Did half (or more) of this team compete in a previous LCP tournament? If so, what was the team's name?

The tournament can always use volunteers even if your team is not from the Portland area. Help is always needed with the raffle and other tasks on Saturday and Sunday. Please list any volunteers who would be willing to assist LCP with the tournament:

Name	Phone
_____	_____
_____	_____

Finally – If you know anyone who could donate items or services for the 50/50 Raffle – please contact LCP! Thanks! letsplaylcp@comcast.net

**LCP TOURNAMENT
Teams/Players-Umpire**

Welcome Umpires-Teams/Players

Even though this is an informal tournament, we try to follow ASA rules. Listed below are key rules and umpire-specific information.

1. Each batter begins with a count of **one-ball and one-strike**. One and One will be through the whole tournament. **No extra foul is allowed. (Even during Championship play) ... 3 Balls over fence then dead ball out.**
2. There is a **50 min no new inning after 45** time limit on each Round Robin game. **Game time is forfeit time.** (If a team is playing back-to-back games and was delayed due to tournament play, the umpire may allow extra time as deemed appropriate.) **When bracket play starts games will be 60 mins long no new inning after 55 mins.**
3. **During all play EXCEPT the championship games the visiting team will get ½ run so the games won't end in a tie.** This will keep the fields on time. No new inning will start with 5 mins left in game.
4. Please report the scores for your round robin by 3:00 pm on Saturday if no one has come around to get the scores. Please bring your scores to the office as soon as you are done. We will be compiling scores, forming divisions, and scheduling the double-elimination. Games that start at 3:30pm.
5. **New Rule... All Pitchers must wear a facemask while pitching.**
6. **If a Ball is hit over the fence the runners must advance to the next base and then walk off**

Every Team needs to bring a FIRST AID Kit

LET US KNOW IF YOU FEEL LIKE A TEAM HAS BEEN PLACED IN THE WRONG DIVISION. WITH YOUR INPUT, WE HOPE TO CREATE THE FAIREST DIVISIONS POSSIBLE FOR THE DOUBLE-ELIMINATION GAMES.

6. Please fill out the MVP nominations and return to the information booth by 2 p.m. on Sunday.
7. The Umpire-in-Chief is Nancy Zimmer.
8. All calls made by the umpire will be upheld at the time of the call. All protests will be addressed after that game (have to give \$50.00 non refundable at time of protest).
9. Uniforms are to be worn. Any safe attire is legal. Uniforms must be a t-shirt or tank top with Numbers.
10. Courtesy runners are allowed; 1 per inning. Teams should arrange for a courtesy runner prior to the game. **(Last out or if no outs last available)** If the same person gets up second time in same inning they can have a runner again.
11. Please check each team's equipment (particularly bats) prior to the game. No metal cleats or altered equipment is allowed.
12. Visibly intoxicated players will be asked to leave the field. Each team will be responsible for their players. If a player is asked to leave and refuses then the team will forfeit the game.
13. Home team (determined by a 2 coin flip) is the official book unless over-ruled by the umpire.
14. Run Rule: 20 runs after 3 innings, 15 after 4 innings, and 10 after 5 innings of play.
15. Teams that bat their entire roster will not be penalized if an injured player is removed from the game or roster. An out will be earned if a player has been ejected from the game.
16. At the umpire's discretion, teams not abiding by the rules or that display unsportsman-like conduct may be:
 1. Penalized by warning by the umpire
 2. Forfeiting the current game
 3. Expulsion from the tournament
17. **Last but not least remember to have FUN!**



OFFICIAL CHAMPIONSHIP ROSTER LIABILITY WAIVER



I, the signed player or the parent or legal guardian of a minor player named on this roster, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below. 2.) I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition 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 agree that in consideration for right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, 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 or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise 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/or league designated below or any owner or leasee of fields on which softball is played or practiced by my team or the ASA, or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the ASA 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 the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, 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.

PLAYER AFFIDAVIT

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE. I have received the ASA's Official Rules of Softball and I understand and agree to be bound by the rules of ASA. I am a member in good standing of this softball team and I am eligible to compete with this team in the championship play of the ASA. I understand that I may play on only one team within a division during the season in ASA championship play and this is the team which I have elected to play for this season. I understand and agree that ASA has the right to take permanent possession of a bat that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to the ASA and it's local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON INVERSE PAGE. NOTE: FOR JUNIOR OLYMPIC DIVISIONS, VERIFICATIONS OF BIRTH DATE FOR EACH PLAYER MUST BE ATTACHED. (i.e., Birth Certificate, Baptismal Certificate or Hospital Certificate may be used.) Legible photo copies will be accepted. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the affidavit. I also hereby give permission to the ASA and it's local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and after receiving the ASA's Official Rules of Softball, and after being duly sworn, depose and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the above in their handwriting and they are eligible to compete with my team in the championship play of the ASA and agree to be bound by the rules of ASA as contained in the ASA Code and ASA's Official Rules of Softball.

ASA COMMISSIONER STATEMENT

ALL OF THE INFORMATION ON THIS ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Manager's Name (Print)

Signature of ASA Local Association Commissioner or designee

Manager's signature

Date

Mobile Phone

Manager's Address (Print)

ASA Local Association & Region Number

City _____ State _____

Zip _____ Home Phone _____

Signature of ASA Deputy/District Commissioner

Office / Mobile Phone _____

Email _____

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

2017 ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

Year _____ Team Name _____ City & State _____ Division & Classification of Championship _____
(men/women/boys/girls; slow pitch/fast pitch; 18-under, church, etc.)

Play 1) Each adult player should read the statement on opposite side before completing and signing this roster
 2) Parents/Guardians signature should be on the same numbered line below as the players' name.
 3) Players are subject to the ASA Drug Control Procedures and Policies as provided in the ASA Code

***By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side.**

NOTE: Team accident insurance is not provided for ASA National Championship play. ASA has made available the voluntary purchase of team accident insurance. See your ASA commissioner for information.

PR	PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	E-MAIL ADDRESS (Optional)	INITIALS*
1.						
2.						
3.						
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