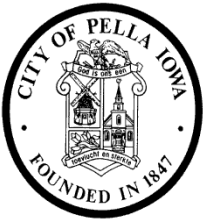


PELLA COMMUNITY SERVICES

Adult Co-Ed Softball

This program is designed for men and women to form teams for a friendly game of softball. Games will be played on Monday evenings July 12 - August 30, 2021 at the Pella Sports Park. A single elimination tournament will be held Saturday, Sept 11, 2021.

- Minimum of 6 teams and a maximum of 18 teams.
- Maximum of 12 players per team with a minimum of 4 females per team.
- Registration fee is \$160 plus applicable sales tax per team. (\$171.20)
- Registration forms on our web site at www.cityofpella.com.
- Register on-line at https://cityofpella.activityreg.com/ClientPage_t2.wcs
- Registration deadline is Friday, June 25, 2021 at 4:30 pm.
- No refunds or credits will be issued once the season has started, which is when schedules are provided to the teams.



Entry Form

\$160 plus tax (\$171.20) per team

Registration Deadline: Friday, June 25, 2021 at 4:30 pm

ADULT CO-ED SOFTBALL

Team Name: _____

Manager's Name: _____

Manager's E-mail: _____

Manager's Cell Phone: _____

Please return this form along with fee to:

Pella Community Center
712 Union St., Ste104
Pella, IA 50219

Each player must sign the team roster stating that they have read the Release, Assumption of Risk and Waiver of Liability and the Code of Ethics. This form must be returned to the office before the 2nd game.



Release, Assumption of Risk & Waiver Liability

IN CONSIDERATION OF my participation in the Activity known as **ADULT COED SOFTBALL**, hereby acknowledge that participation in the Activity involves certain risks and may result in unavoidable injuries and/or illness, such as, but not limited to, COVID-19. The injuries may include muscle and ligament strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibilities of injury involved and acknowledge that I ASSUME THE RISK of such injury by my participating in the Activity.

I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Activity.

Knowing these facts and in consideration of my participation, I hereby agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, volunteers, or agents of the City of Pella from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the Activity, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that I may incur or sustain during the Activity.

I acknowledge that I have read this Release, Assumption of Risk, and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my physical capacity to participate in the Activity as well as my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

By providing the required information and signing, I acknowledge that I have read all program information and am willing to abide by the rules. I also consent to the use of any photographs or videos taken by the City of myself and my family members for the purposes of advertising or promoting the City of Pella and its programs, including but not limited to print and online publication.

All league players must comply with the entirety of this health statement before participating in a City of Pella program or entering a City of Pella facility:

I have not tested positive for COVID-19, had a fever, cough, difficulty breathing, chills, body ache, sore throat, new loss of taste or smell, or been in contact with anyone with these symptoms (with the exception of medical personnel and first responders), in the last 14 days. I am not currently under a state, county, city or other stay-at-home order. I understand that it is my responsibility to protect myself from contracting COVID-19 or other infectious diseases while at this event. By entering the facility and participating in this program, I am indicating that I, (1) am in good health, (2) am responsible for protecting myself from COVID-19 or other infectious diseases, and (3) accept all responsibility and agree to hold harmless event operator, complex owners and sanctioning bodies from any damages that occur as a result of my attendance at the event.

Code of Ethics

Adopted: 11-16-18

Players' Code of Ethics for Adult Programs

- I hereby pledge to be positive about my sports experience and accept responsibility for my participation by following this Players' Code of Ethics Pledge.
- I will encourage good sportsmanship from fellow players, officials and spectators at every game and will demonstrate good sportsmanship myself.
- I will treat other players, officials, and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I will remember that sports are an opportunity to socialize with others and to have fun.
- I will follow all posted facility rules.

Disciplinary Action

Action 1: Verbal warning.

Action 2: Removal from current game and suspended for the following game.

Action 3: Removal from program for the remainder of the season.

No monetary compensation will be given if the participant is expelled.

Each player must sign and print their name on the attached sheet.

*Adult is 18 years of age or older.

Adult Co-Ed Softball Team Roster

Team _____

Signature of Player & Print Player's Name

Over 18

1		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8		<input type="checkbox"/> YES	<input type="checkbox"/> NO
9		<input type="checkbox"/> YES	<input type="checkbox"/> NO
10		<input type="checkbox"/> YES	<input type="checkbox"/> NO
11		<input type="checkbox"/> YES	<input type="checkbox"/> NO
12		<input type="checkbox"/> YES	<input type="checkbox"/> NO
13		<input type="checkbox"/> YES	<input type="checkbox"/> NO
14		<input type="checkbox"/> YES	<input type="checkbox"/> NO
15		<input type="checkbox"/> YES	<input type="checkbox"/> NO
16		<input type="checkbox"/> YES	<input type="checkbox"/> NO
17		<input type="checkbox"/> YES	<input type="checkbox"/> NO
18		<input type="checkbox"/> YES	<input type="checkbox"/> NO
19		<input type="checkbox"/> YES	<input type="checkbox"/> NO
20		<input type="checkbox"/> YES	<input type="checkbox"/> NO