

Player's Medical Benefit Fund (PMBF)

The maximum reimbursement to any one participant (rostered player) is \$500 per 12 month period. All participants in PMBF are eligible for benefits starting with the day registration is received at the SCMAF Members office, through completion of the league season. Registered teams in the PMBF are covered during all sanctioned league and tournament games.

The Accident Protection Program can be purchased separately for \$130 during registration. This plan includes coverage up to \$15,000 in accident medical expenses per accident. Registered teams in the insurance program are covered during all sanctioned league games in the same agency and SCMAF sanctioned tournament games from the date of registration with SCMAF through December 31. Teams must maintain the same team name and same manager and play in the same agency for multiple season coverage.

Rostered Players (Please Read Carefully)

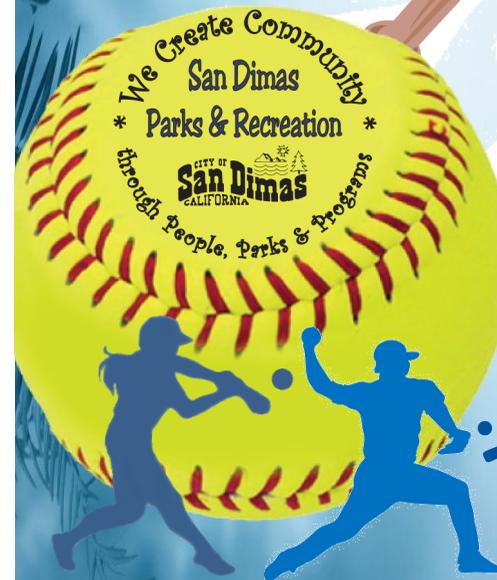
1. Players must be 18 years old or over by the first game.
2. Maximum of 15 players per team, including player manager. Minimum of 12 players per team.
3. All players must be listed on the roster at time of registration.
4. Adds and drops to teams must be submitted on an Add/Drop form and turned in to the Parks and Recreation Department one day prior to the next scheduled game or given to the official scorekeeper at the field. No Add/Drops will be accepted after the fifth scheduled game of the season. Only five player changes allowed per team.
5. A player is eligible to play on only one men's or coed team in the San Dimas League on the same night; however, a player may play on other teams if the games are played on different nights.
6. A player that has officially dropped from a team or was a member of a team that has been officially disbanded or dropped will be eligible to play on another team subject to all applicable rules.
7. Coed teams must have seven women on the roster; four must be on the field at all times.

San Dimas Parks and Recreation Department **(909) 394-6230**

City of San Dimas

Adult Softball

Winter 2017



**Parks
Make
Life
Better!**



City of San Dimas
Adult Slow Pitch Softball

Softball Application Information

- Leagues begin the week of **Sunday, February 12, 2017.**
- Game times are 6:30pm, 7:35pm and 8:40pm, with the exception of Sunday game times at 5:30pm, 6:35pm and 7:40pm.
- Season consists of two halves with five games scheduled each half for full six team leagues.
- Southern California Municipal Athletic Federation (SCMAF) and San Dimas Rules govern all play.
- All games are played at the San Dimas Sportsplex:
763 Cypress, San Dimas, CA 91773

Leagues

(6 Teams per League)

Tuesday	Coed "Recreation" (NW & SW)
Wednesday	Coed "Recreation" (NW & SW)
Thursday	Coed "Recreation" (NW & SW)
Friday	Men's "Recreation" (NW & SW)
Sunday	Men's "Recreation" (NW & SW)

Mandatory Managers Meeting

Tuesday, February 07, 2017

at 6:00pm

San Dimas City Hall

- **NEW** teams are required to attend the manager's meeting.
- Schedules and other league information will be handed out at the meeting.
- There will be a \$30 forfeit fee due from any **NEW** team that is not represented at the Managers Meeting.

Registration Information

- Early: **Monday, November 14, 7:30 am.**
- Late: **Monday, January 09, 7:30 am.**
- **Registration Deadline: Tuesday, February 07, 2017 5:30pm**

League Fees

- \$380 for Early Registration
- \$440 for Late Registration

League fee covers: scorekeeping, awards, lights, softballs, field prep, league administration, and SCMAF registration.

League fee may be paid by cash personal check, money order, company check or credit card. Only one personal check accepted per team. Make checks payable to the City of San Dimas.

SCMAF Player's Medical Benefit Fund

Teams may purchase optional Players' Medical Benefit Fund (P.M.B.F.) coverage at an additional cost of \$42.00 per season.

Umpire Fees

In addition to the league fee, there is a \$10 umpire fee per team for each game played. This fee must be paid prior to the start of each game and must be paid in EXACT CASH AMOUNT ONLY.

A team is not officially registered until all fees are paid and all forms and rosters are completed and turned in. All teams will be handled on a first come, first served basis.



City of San Dimas Adult Softball Roster

TEAM NAME _____ SPONSOR _____ CLASSIFICATION _____ UNIFORM COLOR (OPTIONAL) _____
MANAGER _____ ADDRESS _____ CITY _____ ZIP _____
 E-MAIL* _____ *Receive League information by e-mail
 HOME(____) _____ CELL(____) _____ WORK (____) _____

SECOND CONTACT:
ASSISTANTMANAGER _____ ADDRESS _____ CITY _____ ZIP _____
 HOME(____) _____ CELL(____) _____ WORK (____) _____

Please read waiver carefully:

In consideration of the acceptance of my application for entry in the above Adult Sports Program and as a member of the team named above, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation on this team. This release is intended to discharge in advance the City of San Dimas and any of its officers, agents or employees, from any and all liability that may arise out of negligence or carelessness on my part, the part of my teammates or spectators or any City employee or volunteer. I understand that serious accidents occasionally occur during said activity, and that participants in such activity may sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. By affirming my signature below, I verify that I have read and understood the aforementioned statement and comply with its agreements.

NAME:	ADDRESS:	DRIVER'S LICENSE:	SIGNATURE:	PHONE:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

(PLEASE MAKE A COPY FOR YOUR USE. ORIGINAL WILL NOT BE AVAILABLE TO YOU.)

As the team's representative and manager, I hereby certify that all of the above information is correct and not falsified in any way.

MANAGERS SIGNATURE _____ **DATE** _____

ADULT SPORTS APPLICATION FORM

New _____ Returning _____

Resident Team _____ Team with San Dimas business sponsor _____ Non-Resident Team _____

Team Name _____

Manager _____ **Driver's License#** _____

Address _____ Street Address _____ City _____ Zip _____

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

E-Mail _____

Assistant Manager _____ Day Phone (____) _____

Address _____ Street Address _____ City _____ Zip _____

LEAGUE: MEN'S _____ MEN'S 55+ _____ COED _____ Day of Week _____

Last League Played in : City _____ Day _____

Team Name _____ Classification _____

Year _____ Season _____ Final Standing _____

Manager's Signature _____ **Date** _____ **Paid** \$ _____

TEAM SPONSOR INFORMATION

Teams that are being sponsored by San Dimas businesses must have the following at time of registration.

1. The sponsor application signed and completed by the sponsor.
2. A business card signed by the business' manager or owner.

SPONSOR APPLICATION

Business _____ Manager/Owner _____

Address _____ Street _____ City _____ Zip _____

Signature _____ Date _____

Attach signed business card here.
Staple or use a paper clip.