

**Morgan County Recreation Department**  
**1253 College Drive**  
**Madison, Georgia 30650**  
**Director: Lance A. Alexander**  
Office 706-342-9340  
Registration 706-342-0588



## **2018 Adult Softball Information Packet**

**Deadline to enter:**  
**April 6, 2018**

**Entry Fee: Church A & Open - \$350**  
**Church B & 1-pitch -\$250**  
**\$25 per out of County Player**

**Fee's and rosters are due before your FIRST game!!**

Packet Contents:  
League Application  
Roster Forms  
Assurance of Compliance Form

**ADULT LEAGUE APPLICATION**

**PLEASE COMPLETE IN FULL**

**BE SURE TO ENCLOSE FEE**

Team Name \_\_\_\_\_ Manager's Name \_\_\_\_\_

Manager's Address \_\_\_\_\_

Manager's Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Assistant Manager's Name \_\_\_\_\_

Assistant Manager's Address \_\_\_\_\_

Assistant Manager's Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Sponsor, Church, or Industry \_\_\_\_\_

Address \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING IN EACH CATEGORY**

1. Type of League

\_\_\_ Women's Church

\_\_\_ Men's Church

\_\_\_ Industrial

\_\_\_ Women's Open

\_\_\_ Men's Open

\_\_\_ 35 & Over

\_\_\_ Coed

2. Activity or Program

\_\_\_ Basketball

\_\_\_ Softball

\_\_\_ Volleyball

\_\_\_ Flag Football

3. List any nights or weeks that your team cannot play and the reason.

(Example: Church Night, Revival, Bible School, etc.)

\_\_\_\_\_

\_\_\_\_\_

4. Has your team previously entered in any Morgan Co. Recreation Dept. programs or leagues?

\_\_\_ Yes

\_\_\_ No

If yes, name of team \_\_\_\_\_

Which activity? \_\_\_\_\_

5. Team Jersey Color \_\_\_\_\_

Morgan Co. Recreation Dept.  
Adult Roster Form

**Sport:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Phone #: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PLAYERS**

In signing this roster, I agree to abide by all rules and policies that govern this league. I understand that insurance, which would cover me in the event of injury is my responsibility. My medical expenses are not covered by this department or the city or county governments.

**PLAYER INFORMATION**

1.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

2.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

3.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

4.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

5.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

6.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

7.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

8.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

9.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

10.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

11.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

12.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

13.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

14.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

15.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

16.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

17.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

18.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

19.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

20.) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Home Phone Work Phone City Birthdate

**Morgan County Recreation Department**

**ASSURANCE OF COMPLIANCE FORM**

**Industrial League**

The \_\_\_\_\_ is an equal opportunity employer and offers all persons the opportunity to compete and participate in each area of employment regardless of race, color, religion, sex, national origin, age, handicap, or non-merit factors.

Personnel Manager \_\_\_\_\_ Date \_\_\_\_\_

**Church League**

The \_\_\_\_\_ does not discriminate in our membership on the basis of race, color, or national origin. We have no standards or requirements for participation to exclude members of certain racial or ethnic minorities.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_