

Team Evaluation Form

Please fill out form completely to help ensure entrance into the proper and desired league.

Team Name This Season: _____

Team Name Last Season: _____

The City of Carlsbad Adult Sports Division will NOT guarantee what division, field or night any team will play on. Priority System will only guarantee that your team will be accepted into the league. **Priority system does not guarantee teams the location or night.**

Basketball Team Registration | Please circle your preference:

- A \$30 officials fee and a \$7 score keeper fee payable cash per team, per game ☐ I have read and understand fees. (please check box)
1. Your team is: **MEN'S** **WOMEN'S**
 2. Which night of the week would your team prefer to play? Must indicate 1st and 2nd choices:
(Teams must be prepared to play at Stagecoach or Calavera)
____ Tues. Recreation ____ Wed. Competitive ____ Thurs. Intermediate
(If there are not enough teams to fill a league, leagues will be combined.)

Softball Team Registration | Please circle your preference:

- A \$15 officials fee and a \$7 score keeper fee payable cash per team, per game ☐ I have read and understand fees. (please check box)
1. Your team is: **MEN'S** **COED** **WOMEN'S (Wed. only @ Calavera)**
 2. Which night of the week would your team prefer to play? Must indicate 1st and 2nd choices:
____ Tuesday ____ Wednesday ____ Thursday _____
(additional info about your team)
 3. Your team is: ☐ Recreation ☐ Intermediate ☐ Competitive (Mens competitive Thurs. evenings only)

Soccer Team Registration

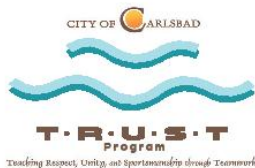
Please check your first and second preference, where applicable

- | | | |
|--|---|--|
| Sunday | Monday | Friday |
| <input type="checkbox"/> WOMEN'S 18+
at Aviara
(8 on 8 league) | <input type="checkbox"/> MEN'S COMP. 18+
at Poinsettia | <input type="checkbox"/> MEN'S INTER. 18+
at Poinsettia |
| | <input type="checkbox"/> MEN'S INTER. 18+
at Aviara | <input type="checkbox"/> MEN'S COMP. 18+
at Aviara |

Coed Kickball

Friday Nights at Alga Norte Park

- ☐ Fridays at Alga Norte Park



T.R.U.S.T.

Program

Teaching Respect, Unity, and Sportsmanship through Teamwork

Mission Statement

In our continuing effort to create community through people, parks and programs, the Recreation Department will strive to provide quality activities that are safe, fair and enriching for all of its participants, spectators and administrators. This philosophy will be implemented through the T.R.U.S.T. Program, which focuses on teaching respect, unity and sportsmanship through teamwork.

Community Expectations

The Carlsbad Recreation Department requires its staff, participants, spectators and neighbors to recognize the following expectations in order to maintain a healthy community:

- We T.R.U.S.T. that you will maintain a safe and positive environment
- We T.R.U.S.T. that you will treat every individual with courtesy and respect
- We T.R.U.S.T. that you will honor the rules established for each activity
- We T.R.U.S.T. that you will demonstrate fair play and sportsmanship at all times



Signature

Date

Team Name



Adult Sports Team Roster Form

Team Name: _____ Season: _____
Manager's Name: _____ Day Phone _____
Address _____ Night Phone _____
City _____ Zip _____ E-mail _____
Alternate Manager: _____ (PRINT) Day Phone _____
Address _____ Night Phone _____
City _____ Zip _____ E-mail _____
(PRINT)

Name	Address	City	Phone Number	Signature	Age

Liability Waiver
I, the undersigned, in consideration of being allowed to participate in this activity, and intending to be legally bound for myself, my heirs, executors, and administrators, do hereby release and discharge the City of Carlsbad, Carlsbad Unified School District, (Owner of Fields and Gymnasiums) Amateur Softball Association and their respective officers, directors, agents, employees, umpires or referees and contractors, Jointly and severally, from any and all liability from personal injury, accidents, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from my participation in this activity; and I expressly assume all risks of my participation in this activity, including, without limitation, the risk that I might be injured as a result of the acts or omission of the above parties or some defect in or on the property of any of them, whether caused by negligence or otherwise, except for illness and injury resulting directly or solely from gross negligence or willful misconduct on the part of the City or its employees and I agree to indemnify, save, hold harmless and defend each and every of the above parties of and from any and all loss, damages, expenses, costs and attorneys fees arising out of or resulting from my participation in this activity. I am playing at my own risk. The City is not responsible for the condition of the field or the other participants, spectators or referees/umpires.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE. ROSTER VERIFICATION:
I Certify, that all of the information listed above including players signatures, players names, addresses and city of residence are correct and true and all players are eligible to participate according to the rules and regulations as set forth by the City of Carlsbad Community Services Department. In addition, I understand that any false information will result in my and/or this team's suspension from this activity. NOTE: Carlsbad Resident Teams must be 100% Residents on original Roster and must remain 70% Residents throughout the season!

Check box that applies to your sports. Payable cash per game, per team.
☐ Softball scorekeeper fee \$7 per game ☐ Basketball scorekeeper fee \$7 per game ☐ Kickball \$15 official fee
☐ Softball umpire fee \$15 per game ☐ Basketball official fee \$30 per game

MANAGER'S SIGNATURE: _____ DATE: _____
Office Use Only Receipt # _____ Credit Card # _____ EXP: _____
Type of Payment: VISA, MASTERCARD, AX, Discover, CASH or CHECK - Payable to the City of Carlsbad