

# CITY OF ST. JOHNS

## 2017 CO-ED KICKBALL LEAGUE

### Kickball Managers:

Enclosed you will find an official roster, liability form, waiver, and the 2017 Kickball requirements. The team fee, which includes the umpire fee, must be returned May 19, 2017. The completed roster with fees, signed waiver sheet and capital improvement fees must be turned in by May 26, 2017. The season will begin June 12, 2017 and run for seven games, with a tournament at the end of the season. There will be no games on July 3rd. In order to register your team for this years Kickball season, you must complete and return to the City Offices, the following items:

1. The completed roster (minimum of ten (10) players)
2. Completed waiver (players must sign the waiver)
3. A \$125.00 team fee (**Due 5-19**)
4. A \$8.00 non-City resident fee for each non-resident on the roster (**Due 5-26**)
5. A \$4.00 resident fee for each City resident on the roster (**Due 5-26**)
6. A \$5.00 Capital Improvement fee for each player on the roster (**Due 5-26**)
7. A \$15.00 late fee will be added if the team fee is not turned in by May 19, 2017

Your team will not be accepted if it does not contain all of the above-mentioned items. It is the responsibility of the team manager to see that the roster is completely filled out with sufficient information for this office to determine the residency of the players, the fee paid is correct and the application is turned in before the deadline. Insufficient or erroneous address or fee payment or late registration, will be cause for your application and team to be refused.

Please review the following and advise your team members. When returning your registration, please keep this information.

1. New Renovations- We have added a new surface, dugouts, fencing and warning track.



2. The City of St. Johns Kickball league will be played on Monday evenings. League game times will begin at 6:30, 7:15, 8:00, and 8:45 p.m.
3. Due to limited space, the number of teams allowed in the City league will be restricted. If less than four (4) teams register, a league may not be formed.
4. Each team roster must have a minimum of ten (10) players to be accepted
5. A person must be listed on the roster in order to play on the team. Any team playing a person not on the roster may be dropped from the league.
6. Changes in the roster will be allowed up to the third week of the season, however, after the season starts a \$15 late fee will be assessed to all roster additions.
7. You must have a minimum of eight (8) players present to play the scheduled league game. Less than eight (8) will result in a forfeit. If a team does not have 8 players by game time, (only 5 males can be counted) it is ruled a forfeit. A team must have at least 8 players to begin, which only 5 can be males.
8. This is an adult league. No more than two (2) persons under eighteen (18) years of age can participate on any one (1) team, and no one under the age of sixteen (16) may be on the roster or participate in the adult Kickball league.
9. At the end of the season there will be a single elimination league tournament. Trophies will be handed out that evening of the tournament for both the tournament winners and the season league winners.
10. **RAIN:** If there is lightning or if conditions are too wet, games will be rescheduled, if possible, depending on the availability of a field and referee. Check with the on site adult recreation staff person before calling a game after you have started it. **YOU WILL PLAY IN RAIN.** (Scorekeeper does not make this decision.)
11. Each team manager will be responsible for their team knowing the league rules and schedule.

If you have any questions, please give us a call. The City Offices are open from 8:00 a.m. to 5:00 p.m., Monday through Friday. The telephone number is (989) 224-8944 ext 228. You can also email [bblackmon@ci.saint-johns.mi.us](mailto:bblackmon@ci.saint-johns.mi.us) or look for more information at [Saint Johns Recreation on Facebook](#) or on the website [www.cityofsaintjohnsmi.com](http://www.cityofsaintjohnsmi.com).

**GOOD LUCK AND HAVE A GOOD YEAR!!!**

\*\*\*\*\* The use of Titanium and bats on the ASA banned list bats will not be allowed in any City league.  
To view the banned bat list visit their website at [www.MASAsoftball.org](http://www.MASAsoftball.org) \*\*\*\*\*



**CITY OF ST JOHNS  
ROSTER**

NAME	COMPLETE ADDRESS	AGE	PHONE NO.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**TEAM NAME:** \_\_\_\_\_

**PHONE: HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_

**MANAGERS NAME:** \_\_\_\_\_

**CELL** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SPONSOR ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CITY OF ST. JOHNS RECREATION DEPARTMENT  
PARTICIPATION AGREEMENT WAIVER**

**League or Event:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Manager:** \_\_\_\_\_  
(print name above)

I recognize that my participation in sporting activities and athletic competition subjects me to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any such injuries as they relate to said participation in sports/**recreational** activities on city property **or properties used for city recreational activities.** By signing this document I agree to waive any rights or claims I may have for damages arising from injuries I may receive while participating in recreational events sponsored or supported by the City of St. Johns and/or the St. Johns Recreation Department. I hold harmless the City of St. Johns and any of its employees or agents from all such claims, lawsuits, actions and/or damages.

---

NAME (Please Print)	Signature
---------------------	-----------

- |           |       |
|-----------|-------|
| 1. _____  | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |
| 4. _____  | _____ |
| 5. _____  | _____ |
| 6. _____  | _____ |
| 7. _____  | _____ |
| 8. _____  | _____ |
| 9. _____  | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |
| 16. _____ | _____ |
| 17. _____ | _____ |
| 18. _____ | _____ |
| 19. _____ | _____ |
| 20. _____ | _____ |

City of St. Johns  
 Recreation Department  
**2017 Registration Form**



**CO-ED KICKBALL**

PLEASE PRINT ALL INFORMATION

Please register the \_\_\_\_\_ in the (Please circle the desired league)  
 (Name of Team)

**Co-Ed Kickball**

Monday

<u>League</u>	<u># Games</u>	<u>Res. Fee</u>	<u>Non-Res. Fee</u>	<u>Team Fee</u>	<u>CIF Fee</u>
Co-ed Kickball	7	\$4.00/ player	\$8.00/ player	\$125.00	\$5.00/ player

Register at the St. Johns City Offices 100 E. State Street St. Johns, MI 48879

**Registration Due May 19, 2017**

PREFERRED TIMES: You will have games at all times. Please rank by 1,2,3 etc. with one being the time you would like to play the most. We will try to schedule you that way but no promises will be made. Times may change depending on the number of teams that sign up.

6:30\_\_\_\_ 7:15\_\_\_\_ 8:00\_\_\_\_ 8:45\_\_\_\_

Team Manager \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ (H) \_\_\_\_\_ (C)  
 Email Address \_\_\_\_\_  
 Sponsor Address \_\_\_\_\_  
 \_\_\_\_\_

**Bring this form along with your team fee**  
**when signing up your team by**  
**May 19, 2017**