

***Welcome to the Graham County  
Summer Mens/ CoEd  
Softball League!***



- Team Fees (\$300) due no later than July 14, 2017.
- Team Roster due no later than July 7, 2017.
- Any team NOT paid in full by July 17, 2017 will forfeit their spot for the season.
- Team Captain meeting will be scheduled July 5, 2017.
- Games will start Mid-July.
- **ZERO Tolerance Policy-** Unsportsmanlike or abusive behavior by spectators, players or teams will NOT be tolerated!!
- Dugouts to be picked up after each game by teams!
- Have Fun- Play Clean- Respect the Umpires!!
- If sponsored, See attached invoice for their records.

- Also, please provide your sponsor information so we can put on our website.
- If you would like to be on our mailing list, send us your email information so we can add you to the list. The fastest way to communicate with most players is by email or Team Captains responsibility to contact player (s).

Website for Schedule, Standings, Rules and Updates:

<http://www.hometeamsonline.com> (under Find a Team or League type in **Graham County**)

### ***Contact Information-***

League Commissioner:

Melissa Matlock

[mmatlock@graham.az.gov](mailto:mmatlock@graham.az.gov)

965-8180 (cell)

Head Umpire:

Pete Gauna

602-316-0953 (cell)

Parks Secretary:

Thelma Caraveo

[tcaraveo@graham.az.gov](mailto:tcaraveo@graham.az.gov)

428-6240

Parks Office: 428-7180

[parks@graham.az.gov](mailto:parks@graham.az.gov)

Facebook: Friend us on facebook- Graham County- Parks



# SPONSOR INVOICE

SUMMER SOFTBALL LEAGUE 2017  
DATE: JUNE 7, 2017

Graham County Parks, Fair & Racing  
527 E. Armory Rd., Safford AZ 85546  
Phone 928-428-7180 Fax 928-348-0023  
mmatlock@graham.az.gov

SPONSOR  
FOR:

MEN'S  
OR  
CO-ED  
(PLEASE  
CIRCLE)

QTY	TYPE	DESCRIPTION	PRICE	LINE TOTAL
1	Team Sponsor	Sponsor ship by _____  Graham County Adult Slow Pitch Softball League will begin Mid July 2017 and run through October 2017 (depending on how many teams are playing).  Softball Commissioner: Melissa Matlock  Parks & Fair Director	\$300.00	\$300.00
			Total	\$300.00

Make all checks payable to Graham County Parks  
**THANK YOU FOR YOUR BUSINESS!**





# (OFFICIAL ROSTER) ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

20 \_\_\_\_\_ ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

Team Name \_\_\_\_\_

City & State \_\_\_\_\_

Division & Classification of Championship Play \_\_\_\_\_

1. Each player should read the statement on opposite side before completing and signing this roster. 2. Parents/Guardians signature should be on the same numbered line below as the player's name.

3. Players are subject to the ASA Drug Control Procedures and Policies as provided in the ASA Code. 4. By initialing in the column below, you acknowledge you have read & understand the liability waiver & player affidavit information on the reverse side. 5. NOTE: Team accident insurance is not provided for ASA National Championship play. ASA has made available the voluntary purchase of team accident insurance. See your ASA commissioner for information.

PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	PLAYER or PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	INITIALS
1				
2				
3				
4				
5				
6				
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14				
15				
16				
17				
18				
19				
20				

**TEAM MANAGER'S AFFIDAVIT-** I am the manager of the above mentioned team & after receiving the ASA's Official Rules of Softball, & after being duly sworn, depose, & say that all the information supplied above is correct to the best of my knowledge & that all the players signed the above in their handwriting & they are eligible to compete with my team in the championship play of the ASA & agree to be bound by the rules of ASA as contained in the ASA Code & ASA's Official Rules of Softball.

Manager's Name (Print) \_\_\_\_\_  
 Manager's Signature \_\_\_\_\_  
 Manager's Address (Print) \_\_\_\_\_  
 City \_\_\_\_\_  
 State & Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Office \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**ASA COMMISSIONER STATEMENT-**

ALL OF THE INFORMATION ON THIS ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature of ASA Local Association Commissioner or Designee \_\_\_\_\_

ASA Local Association & Region Number \_\_\_\_\_ Date \_\_\_\_\_

Signature of ASA Deputy/District Commissioner \_\_\_\_\_