



Dear Players and Managers,

Planning for the 2019 season is well underway!! Take a look at our website, www.stamfordrecreation.com, under the Adult Softball leagues section for updated information.

There you will find:

2019 Team Applications

2019 Meeting dates/times

2019 League assignments and updated rules will be posted in early January.

I look forward to seeing everyone in February.

Wishing you a happy and healthy 2019.

Sincerely,

Meg Gearhart
Assistant Superintendent
City of Stamford Recreation Services
mgearhart@stamfordct.gov



City of Stamford Softball League

Tentative Meeting Dates and Times for Spring/Summer 2019

DAY/DATE	LEAGUE	TIME
Wednesday, February 13	Weekday Men's Industrial	6:15 pm
Wednesday, February 13	Men's Open Leagues	6:45 pm
Wednesday, February 20	Coed Open/Industrial and Women's	6:15 pm
Wednesday, March 6	New Men's & Coed Industrial	6:15 pm
Wednesday, March 6	New Men's Open Teams	6:45 pm
Tuesday, March 19	Final day for paperwork and payment	8:30am- 7:00pm
Tuesday, April 9	Schedule and Packet Pick up days	8:30am- 7:00pm
Tuesday, April 23	Regular Season Starts	TBA

All dates for the season start/end are tentative.

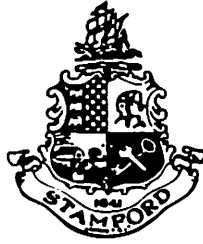
Questions: Contact Meg Gearhart, mgearhart@stamfordct.gov or go to www.stamfordrecreation.com for more softball information.



MAYOR
DAVID MARTIN

SUPERINTENDENT OF RECREATION
LAURIE ALBANO
Tel: (203) 977-5214
Email: laurie@stamfordct.gov

ASSISTANT SUPERINTENDENT OF
RECREATION
MEG GEARHART
Tel: (203) 977-5221
Email: mgearhart@stamfordct.gov



CITY OF STAMFORD

RECREATION SERVICES DIVISION
888 WASHINGTON BOULEVARD, 1st FLOOR
STAMFORD, CT 06901
977-5214, fax 977-5504

www.stamfordrecreation.com

ASSISTANT SUPERINTENDENT OF
RECREATION
SCOTT KASSOUF

RECREATION SUPERVISOR
ROBERT PENTINO

RECREATION LEADER
BERTRAND OUBIDA

FORFEIT CONTRACT

To: Team Managers
From: Meg Gearhart
Re: Forfeit Policy
Date: November 30, 2018

The City of Stamford has a Zero Tolerance Rule for forfeits.

If your team forfeits in 2019 the fee must be paid in full to the recreation office within 24 hours of your forfeit or your team will forfeit their next scheduled game as well.

Your team must supply TWO (\$30.00 each) checks to the Stamford Recreation office: one check made out for each official. We will supply the official(s) name(s) the next day to help process the check. If we do not receive the payment from your team they will be removed from the league permanently.

If a team forfeits twice from the league, they will be permanently removed.

A Forfeit is defined as when a team notifies our office less than 24 hours prior to their game, that they will be forfeiting their game; shows up to the field without enough players to participate or fails to show up to a scheduled game without notice.

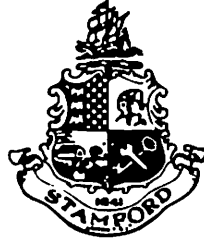
We CANNOT accept checks made out to the City of Stamford or CASH, All checks must be made out to the officials, first and last name.

In consideration for playing in the league, I understand that by signing this form that I will be responsible for paying referee fee's if my team forfeits. I understand that if I do not pay the fee that my team will be removed from the league and I, as well as my teammates will be suspended until the forfeit fee is paid.

Managers Name

Team Name

Date



SUPERINTENDENT OF RECREATION
 LAURIE ALBANO
 Tel: (203) 977-5214
 Email: laurie@stamfordrecreation.com

ASSISTANT SUPERINTENDENT OF
 RECREATION
 MEG GEARHART
 Email: mgearhart@stamfordct.gov

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 RECREATION
 SCOTT KASSOUF

RECREATION SUPERVISOR
 BOBBY PENTINO

RECREATION LEADER
 BERTRAND OUBIDA

www.stamfordrecreation.com

2019 Softball Invoice

Administration	\$190.00
League Directors	200.00
A.S.A. Dues	25.00
Awards	65.00
Supplies/Equipment	<u>195.00</u>
Total Fee Due:	\$675.00

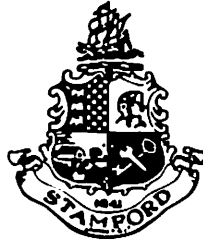
Non-Resident/Favorite-son Fee: (open leagues only) \$40.00/player

Teams that do not pay by Thursday, March 21st will be assessed a \$100 late fee.

Payment may be made in three ways:

1. Checks should be made payable to *City of Stamford*.
 Mailed to: Recreation Services Division, 1st Floor, 888 Washington Blvd, Stamford, CT 06901.
2. Cash paid in the office
3. Credit Card (call/email office for online account info). Mastercard or Visa only

CT Tax ID, 06-6001897



SUPERINTENDENT OF RECREATION
LAURIE ALBANO
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MEG GEARHART
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BERTRAND OUBIDA

2019 Softball Invoice Sunday Teams

Administration	\$190.00
League Directors	200.00
A.S.A. Dues	25.00
Awards	65.00
Supplies/Equipment	<u>145.00</u>
Total Fee Due:	\$625.00

Non-Resident/Favorite-son Fee: \$40.00/player

Teams that do not pay by Thursday, March 21st will be assessed a \$100 late fee.

Payment may be made in three ways:

1. Checks should be made payable to *City of Stamford*.
Mailed to: Recreation Services Division, 1st Floor, 888 Washington Blvd, Stamford, CT 06901.
2. Cash paid in the office
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CT Tax ID, 06-6001897

Application Agreement

PLEASE FILL OUT COMPLETELY

We, the undersigned, representing the _____ team, hereby
(team name)

make an application for entry in the following sport:

Circle One: Softball Basketball Soccer Volleyball Kickball Other _____

Circle One: Mens Open Mens Ind CoEd Open CoEd Ind Womens Other _____

OPEN LEAGUES: All players must be Stamford residents. (Softball players only; must provide a copy of a Driver's License or picture State ID with an address)

INDUSTRIAL LEAGUES: All players must be full-time, year round employees of Company named above.

If accepted into the league, we agree to abide by the rules and regulations as drawn up by the Stamford Recreation Services Division. Signed: Team Manager: _____

PRINT INFORMATION CLEARLY

Team _____ League Last Year _____ This Year _____

(Contact Person) _____

Address _____, City _____, State _____ Zip _____
(If Industrial Team, Company Address)

Telephone- Home _____ Work _____ Ext. _____

Cell _____ Fax _____ Email: _____

Second Contact Person _____

Telephone-Work _____ Cell _____ Email _____

FOR OFFICE USE ONLY:

Amount Paid: \$ _____ Date Received: _____

Cash: _____ Check #: _____ Mastercard: _____ Visa: _____

MAYOR
DAVID MARTIN

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FORFEIT CONTRACT

To: Team Managers
From: Meg Gearhart
Re: Forfeit Policy
Date: January 2, 2018

The City of Stamford has a Zero Tolerance Rule for forfeits.

If your team forfeits in 2018 the fee must be paid in full to the recreation office within 24 hours of your forfeit or your team will forfeit their next scheduled game as well.

Your team must supply TWO (\$30.00 each) checks to the Stamford Recreation office: one check made out for each official. We will supply the official(s) name(s) the next day to help process the check. If we do not receive the payment from your team they will be removed from the league permanently.

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Managers Name

Team Name

Date

TEAM NAME _____

MANAGER'S NAME & ADDRESS _____

LEAGUE _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

I The undersigned player, acknowledge, agree and understand that I: Voluntarily and of my own free will, elect to participate as a member of the team listed above. I understand that there are certain risks and hazards involved in participating that may result in injury or death. I understand that the very nature of the game is hazardous and risky, including but not limited to, the acts of running, jumping, stretching, diving, collisions with other players and with stationary objects all of which can cause serious injury or death to me and to other players. Further, I the undersigned player agree that in consideration for the right to play as a member of the team designated above and in consideration for permission on the gym or field arranged for by the team or league, I voluntarily elect to accept and assume all risks and or injury incurred or suffered by me A.) while practicing or playing as a member of the team so designated, B.) while serving in a non-playing capacity as a team member during practice or play by other teams or by players on my team, and C.) while on or upon the premise of any and all of the gyms or fields arranged for or by my team or league for play. I release discharged and agree not to sue the team and the league designated above, the gym owners or other entity designated below, the officers, agents, servants, associations, employees, or any person or entity connected with the team, league, gym, field or The City of Stamford, for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conducted parties released. **I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASED OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.**

	PLAYERS NAME	PLAYERS SIGNATURE	INITIAL	DATE	ADDRESS/COMPANY	WORK PHONE	HOME NUMBER
1							
2							
3							
4							
5							
6							
7							
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