



Fall Fastpitch
Session 1A
10U/12U/14U League

How about Fall Softball? Sign up for our Fall League Session 1A!

Open now for 10U/12U/14U teams

Session 1A: Saturday's October 12th – December 21st

October 12 th , 26 th	November 2 nd , 9 th , 16 th , 23 rd	December 7 th , 14 th , 21 st
No MEA		
<u>No League Games</u> MEA Weekend October 19 th – Thanksgiving Weekend November 30 th		

(Games May be moved to Sunday's pending number of teams)

- ❖ Saturday's: Oct/Nov Warm-up: 1:00PM – 2:00PM, - field space and cages
Games Start: 2:00PM – ending by 10:00PM
- Dec Warm-up: 1:30PM – 2:30PM, - field space and cages
Games Start: 2:30PM – ending by 10:00PM
- ❖ Cost is \$2,350 for tax-exempt teams, \$2,517.43 for non-tax-exempt teams
- ❖ League will consist of 9 double-headers (16 total games) of 55 minutes on full sized fenced fields
- ❖ Each team is required to supply 5 new Dudley SB-12 balls by the first game
- ❖ Scores will be kept for each game and each league will have a winner
- ❖ Registration due by September 13th, 2019 - \$500.00 non-refundable deposit is required
- ❖ Questions? Please contact Stew Shepard at 651-485-8843 or sales@irishsportsdome.com
- ❖ Team roster with waivers will be due before the team's first game. (Blank roster on next page)
- ❖ Any player/coach found wearing metal cleats will result in a \$500 fine

Irish Sports Dome Winter Session 1A Fastpitch Team Registration Form

Team Name: _____ **Age Group:** 10U/12U/14U

Team Contact (First and Last Name):

Address:

Cell Phone: _____

Email: _____

Club or Association:

Tax exempt Team – ST3 form with Tax ID number must be submitted with this registration form. The ST3 form may be found on our website www.irishsportsdome.com under Forms and Rules Tab.

Please return completed forms and check made out to Irish Sports Dome, LLC and mail to our Business Office:

**Irish Sports Dome
5886 Blackshire Path, Suite 200
Inver Grove Heights, MN 55076**

**Irish Sports Dome Session 1A Fastpitch League Registration and
Waiver Verification Form**

#	Player Name	Age	Waiver Form (Place a Check Mark)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
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12			
13			
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15			
16			
17			
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19			
20			

Irish Dome Player Waiver/Liability Release Form - Please Read Before Signing

I/ We understand that the participant named below (hereafter, the "Participant") has made application to be enrolled in an activity conducted at, sponsored by or involved in any way with the Irish Sports Dome (hereafter referred to as "Irish Dome"). The undersigned participant and or their parents or legal guardian acknowledge that:

- I/ We understand that there are risks of personal injury associated with the participation in athletic training **programs, events, and activities, which can result in temporary or permanent disabilities and severe personal loss and economic damages.**
- I/ We understand that the Irish Dome provides no pre-enrollment medical examination and takes no responsibility for monitoring and assessing the health and physical condition of the participant.

IN CONSIDERATION OF THE ACCEPTANCE OF THE PARTICIPANT'S APPLICATION / REGISTRATION TO ENROLL IN THE IRISH DOME'S PROGRAM, AND WITH THE KNOWLEDGE OF THE ASSOCIATED RISK TO THE PARTICIPANT, I/WE AGREE TO THE FOLLOWING.

- I/ We consent to the participant enrolling in the Irish Dome's program, and participating in the events and activities which constitute the program.
- I/ We will instruct the participant to review and carefully follow all of the Irish Domes guidelines, rules and procedures of safety and general deportment while on the Irish Domes premises, whether or not the participant is engaged in training events or activities at the time.
- I/ We accept and assume full responsibility for consulting with a doctor about the training program required to participate in any event at Irish Dome, and hereby warrant, represent, and state that the participant named below is in good physical condition and that the participant has no disability, impairment, or ailment that would prevent him/her health, safety, comfort or physical condition. In the case of emergency, I/ We grant permission for medical treatment to be given at a local hospital.
- I/ We accept and assume all risk and responsibility for accidents, illness, injury, death and/or damages, which may result from the Participant traveling to or from or participating in any of the events or activities at Irish Dome, and **hereby waive, release and discharge the Irish Dome, its officers, directors, employees, and agents or anyone associated** with the Irish Dome from any and all liability therefore

I/ WE HAVE READ THE FOREGOING AND UNDERSTAND THAT ITS TERMS INCLUDE MY/ OUR CONSENT AND MY/ OUR AGREEMENT TO TAKE CERTAIN ACTIONS, TO ASSUME CERTAIN RESPONSIBILITIES AND TO RELEASE THE IRISH DOME FROM CERTAIN LIABILITIES. I/ WE SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PRINT FULL NAME _____ AGE GROUP(LEAGUE) _____

TEAM NAME: _____ COACH: _____

PARTICIPANTS HOME ADDRESS _____

HOME PHONE: _____ STATE _____ ZIP _____

EMAIL: _____

BIRTHDATE: ____/____/____

IF UNDER 18 / PRINT PARENT OR LEGAL GUARDIAN'S NAME: _____

PARTICIPANT'S SIGNATURE (IF OVER 18) _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE (IF UNDER 18) _____

DATE: _____

REVISION 2 (7/30/08)