

Eagan Parks & Recreation Fall Softball 2023

EAGAN PARKS & REC SOFTBALL



LEAGUE CHAMPIONS

Men's Softball

Co-Rec Softball



EAGAN
PARKS & RECREATION

3830 Pilot Knob Road
Eagan, MN 55122
(651) 675-5500
(651) 454-8535 TTY
(651) 675-5012 Fax

www.cityofeagan.com/adultsports

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INTRODUCTION

Thank you for your interest in fall softball offered by Eagan Parks & Recreation. The fall softball program has 9 leagues to choose from. All pertinent information is enclosed in this packet. If you have any questions regarding the winter leagues, please feel free to contact Mike Ramirez at (651) 675-5523 or mramirez@cityofeagan.com

Sincerely,

Mike Ramirez
Recreation Supervisor

MANAGER'S DUTIES

1. Read everything. Ask questions if something is unclear.
2. Make sure the Parks & Recreation office has your correct contact information.
3. Know the eligibility requirements and consequences for use of an ineligible player.
4. Know the playing rules and inform members of your team. This will help the game run smoothly and help your team concentrate on playing.
5. Meet the umpire before the game starts. If you have any questions, ask them. Inform your players of the ground rules. The person representing your team at the pre-game meeting will be the "designated manager" for the game.
6. The "designated manager" must handle any dispute. Do not let one of your players face ejection by arguing over a call.
7. You are responsible for taking charge of your team's and your spectator's conduct. Abusive language, improper drinking, litter and other irresponsible acts will not be tolerated.
8. Any schedule information, changes or other league information will be sent to you and posted on www.cityofeagan.com. It is your responsibility to pass this information on to your players.

HOW & WHEN TO REGISTER

To register a team, the manager must submit league registration and roster forms and full payment during the appropriate time period. Eagan Parks & Recreation accepts payment by cash, check or credit card. Per City policy, we ask that you do not include credit card information when emailing or faxing your registration forms. The following is a list of different ways you can register your team.

***Returning teams can only register for the league highlighted on the registration form. If you wish to switch to a different league, please indicate 1st, 2nd and 3rd choices. Staff will process league changes for returning teams on Thursday, July 1 on a space-available basis.**

1. In-person: In-person registration is accepted Monday through Friday between 8 a.m. and 4:30 p.m. at the Eagan Community Center, 1501 Central Parkway, Eagan, MN 55121
2. Mail: Mail-in registration can be sent to the following address.
Eagan Parks & Recreation
Adult Softball Registration
1501 Central Parkway
Eagan, MN 55121
3. Fax: Registrations can be faxed to (651) 675-5012 to the attention of Eagan Parks & Recreation if payment is made with a credit card.

You can assume your team is registered for your first choice, unless you receive a call from Eagan Parks & Recreation. If a team chooses to back out of the league after the registration period has ended, there will be no refund.

Returning Team Registration Dates: June 19 – June 30, 2023

New Team Registration Dates: July 5 – July 25, 2023

REFUNDS/WEATHER CANCELLATIONS

- ◆ If a league is canceled by Eagan Parks & Recreation due to low numbers, a full refund will be given.
- ◆ If a team chooses to back out of the league after the registration deadline, no refund will be given.
- ◆ If games are cancelled due to poor weather conditions and no make-up dates are available, credit vouchers will be issued for the amount of the umpire/official for that game.

FALL SOFTBALL

All softball leagues are sanctioned USSSA, which provides teams the opportunity to participate in State Tournaments at the end of the season.

LEAGUE	CLASS #	TEAMS	GAMES	DATES START/END	START TIMES	LOCATION	FEE
SUNDAY							
Co-ed DH	1416531U1	8	12	8/6 - 9/17	5:30, 6:30, 7:30, 8:30 pm	Northview	\$ 485
MONDAY							
Men's DH Upper	1416531M1	8	12	8/7 - 9/18	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 460
Men's DH Lower	1416531M2	8	12	8/7 - 9/18	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 460
TUESDAY							
Co-ed DH	1416531T1	8	14	8/8 - 9/19	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 550
Men's DH	1416531T2	8	14	8/8 - 9/19	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 520
WEDNESDAY							
Men's Upper	1416531W1	8	14	8/9 - 9/20	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 520
Men's Lower	1416531W3	8	14	8/9 - 9/20	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 520
THURSDAY							
Men's 1-Pitch Upper	1416531H1	8	14	8/10 - 9/21	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 520
Men's 1-Pitch Lower	1416531H2	8	14	8/10 - 9/21	6:00, 7:00, 8:00, 9:00 pm	Northview	\$ 520

ELIGIBILITY

1. All participants must be at least **18 years old as of August 8** of this year.
2. Players may only play on one team per division per evening.
3. Pregnant women are discouraged from playing.

ROSTERS

1. The maximum number of players that may be on the roster is 20.
2. Roster changes may be made through August 25, 2023.

Manager/League Information

Schedules, local rules, state tournament information will be emailed to managers and posted online one week prior to the start of the fall season. Softballs & Scorebooks will be available at Northview Park on opening night.

LOCATIONS

Softball games will be played at the following site:

LOCATION	ADDRESS	CITY
Northview Athletic Fields	980 Northview Park Road	Eagan

Fall Softball Men's League Registration Form 2023

2023 TEAM NAME: <input style="width: 500px; height: 20px;" type="text"/>		TEAM STATUS <input type="checkbox"/> Returning Team <input type="checkbox"/> New Team																				
2023 Team/Manager's Name: _____																						
MANAGER/ASSISTANT MANAGER'S INFORMATION:		USSSA Classification:																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Manager</td> <td colspan="2" style="padding: 2px;">Cell/Home Phone</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Address</td> <td colspan="2" style="padding: 2px;">Date of Birth / /</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Zip</td> <td colspan="2" style="padding: 2px;">Email *REQUIRED*</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Assistant Manager</td> <td colspan="2" style="padding: 2px;">Home Phone</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Email *REQUIRED*</td> </tr> </table>		Manager		Cell/Home Phone		Address		Date of Birth / /		City	Zip	Email *REQUIRED*		Assistant Manager		Home Phone		Email *REQUIRED*				Men's Classification: <input type="checkbox"/> D Comp <input type="checkbox"/> D Rec <input type="checkbox"/> E Co-ed Classification: <input type="checkbox"/> D Rec <input type="checkbox"/> E
Manager		Cell/Home Phone																				
Address		Date of Birth / /																				
City	Zip	Email *REQUIRED*																				
Assistant Manager		Home Phone																				
Email *REQUIRED*																						
LEAGUE	SUNDAY <input type="checkbox"/> Co-ed DH \$485 #1416531U1	MONDAY <input type="checkbox"/> Men's DH Upper \$460 #1416531M1 <input type="checkbox"/> Men's DH Lower \$460 #1416531M2	TUESDAY <input type="checkbox"/> Co-ed Recreational DH \$550 #1416531T1 <input type="checkbox"/> Men's DH Lower \$520 #1416531T2																			
	WEDNESDAY <input type="checkbox"/> Men's Upper \$520 #1416531W1 <input type="checkbox"/> Men's Lower \$520 #1416531W2	THURSDAY <input type="checkbox"/> Men's One-Pitch Upper \$520 #1416531H1 <input type="checkbox"/> Men's One-Pitch Lower \$520 #1416531H2																				
	Team Resident Info: Eagan Residents: _____ Non-Residents: _____	League Fees: League Fee: \$ _____ Total Fee: \$ _____		Payment: Manager Payment: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Charge Sponsor Payment: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Charge Credit Voucher: \$ _____ Total Payment: \$ _____																		
	Credit Card Payment: If you are emailing or faxing this form, please do not include your credit card information on it. After sending your registration/roster form, please call Eagan Parks & Recreation with the credit card information.		OFFICE USE ONLY: Date Received: ____/____/2022 Time Received: ____:____ a.m. / p.m. Received: <input type="checkbox"/> In-person <input type="checkbox"/> Drop box <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Received and Registered By: _____																			
Eagan Parks & Recreation 1501 Central Parkway Eagan, MN 55122 (651) 675-5500 (651) 675-5012 Fax www.cityofeagan.com/adultsports																						

EAGAN PARKS & RECREATION LEAGUE ROSTER

TEAM NAME:	MANAGER'S SIGNATURE:
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Waiver: By signing this form, the manager verifies the following.

- The team is responsible for its own insurance.
- Each player on the team agrees to abide by the rules and regulations as set forth by Eagan Parks & Recreation. Eagan Parks & Recreation will have ultimate decision making authority on any matters that might arise concerning any one of the leagues. Failure to abide by any rules and regulations can jeopardize the team's participation in the league.
- I have read and understood the registration and refund policies. I, the manager, do hereby agree to allow the players named herein to participate in the aforementioned league and I further agree to indemnify and hold the City harmless from and against any and all liability for any injury which may be suffered by the aforementioned player(s) rising out of, or in any way connected with, his/her participation in this league.

	PLAYERS NAME (PRINT)	LEGAL PLAYING ADDRESS *	CITY	ZIP	HOME PHONE	BIRTHDATE **
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

***LEGAL PLAYING ADDRESS:** Player lives in Eagan, use the home address. Player works in Eagan, use the work address. Player is a non-resident, use the home address.

** **BIRTHDATE:** Birthdates are required for softball players in the Men's 35 & Over league.

ROSTER LIMITS - DO NOT EXCEED YOUR LEAGUE LIMIT

Basketball: 12 Broomball: 16 Flag Football: 20 Softball: 20 Volleyball: 12 Wiffleball: 6

DATA PRIVACY ACT: In accordance with the Minnesota Government Data practices Act, the Parks and Recreation department hereby informs you that the personal information we are requesting of you and/or your child or guardian on our registration form is now considered private. Private data is available to you and to City staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the City's recreation staff may not be able to complete our registration and/or you may not receive updated program information, such as schedule changes.



2023 SOFTBALL PRACTICE REQUEST FORM

Team Name: _____ Manager's Name: _____
 Email Address: _____
 Home Phone: _____ Cell/Work Phone: _____
 League Name: _____ League Day: _____

1. Requests will be accepted beginning Monday, January 30 for returning teams and beginning Tuesday, February 14 for new teams.
2. This form will be returned to you by email with your field assignments for one or two hours of practice time. All practices will be held at either Northview or Lexington-Diffley Athletic Fields. Practice times and locations will be awarded on a first come, first served basis by Eagan Parks & Recreation.

PRACTICE #1 (one hour)				
Choice	Date April 10 through April 16	Day of the Week Monday – Sunday	Time (on the hour) 4 p.m. – 8 p.m. Mon. thru Fri. 8 a.m. – 8 p.m. Sat/Sun	Field Assignment and Validation (office use only)
1 st Choice				
2 nd Choice				
3 rd Choice				
PRACTICE #2 (one hour)				
Choice	Date April 10 through April 16	Day of the Week Monday – Sunday	Time (on the hour) 4 p.m. – 8 p.m. Mon. thru Fri. 8 a.m. – 8 p.m. Sat/Sun	Field Assignment and Validation (office use only)
1 st Choice				
2 nd Choice				
3 rd Choice				

Please return this form to Eagan Parks & Recreation in one of the following ways:

1. In-person: In-person practice requests are accepted Monday – Friday between 8 a.m. and 5 p.m. at the Eagan Community Center, 1501 Central Parkway
2. Mail: Mail-in registration can be sent to the following address.
 Eagan Parks & Recreation
 Adult Softball Registration
 1501 Central Parkway
 Eagan, MN 55121
3. Fax: Practice Requests can be faxed to (651) 675-5012 to the attention of Eagan Parks & Recreation.

This form, when validated by Eagan Parks & Recreation, will serve as your permit for field use as assigned above. Be sure to bring this form with you to your practice(s) to use as proof of your field reservation.

Date Received: ____/____/2023