



YOUTH DEVELOPMENTAL/MODIFIED PITCH SOFTBALL
Spring 2024

Important Dates To Remember

Registration Deadline: Saturday, February 17, 2024

Coaches Meeting/Free Agent Draft: Monday, February 19th

Practices Begin: Monday, February 26

Season Begins: Week of March 23rd

Season Ends: Prior to Memorial Day Weekend

All paperwork (Coaches Code of Conduct, Team Registration Sheet, Team Roster, and/or Letter of Commitment) must be turned into Dale Phillips by the time of the coaches meeting on February 19th.

*For any questions, please contact Program
Supervisor, Dale Phillips
dphillips@tcpara.org or 205-562-3200
ext1211.*



**Tuscaloosa County Park & Recreation Authority
Youth Developmental/Modified Pitch Softball
Program - Spring 2023**

<u>League</u>	<u>Deadline</u>	<u>Coaches Meeting</u>	<u>Season Begins</u>	<u>Cost</u>	<u># Games</u>
8 & Under	February 17	February 19	March 23rd Sokol Park South	\$90.00 per player	10 + tournament
10 & Under	February 17	February 19	March 23rd Sokol Park South	\$90.00 per player	10 + tournament
12 & Under	February 17	February 19	March 23rd Sokol Park South	\$90.00 per player	10 + tournament

*****Note to all coaches: The coaches meeting for all leagues will be held on Monday, February 19 at 6:00 p.m. at the Belk Activity Center located at 2101 Bowers Park Drive. All teams are encouraged to have a coach or assistant coach at the meeting.**

*For any questions, please contact Program Supervisor,
Dale Phillips: dphillips@tcpara.org or 205-562-3200.*



PARA Youth Program Coaches Code of Conduct

As a volunteer coach for PARA athletic programs. I will support and adhere to all rules listed below.

1. I will do my best to provide a safe playing and practice environment for participants.
2. I will assume responsibility for my behavior as well as that of my players, coaches, and spectators.
3. I will lead by example in demonstrating fair play and sportsmanship to all players, coaches, officials, and spectators.
4. I will be knowledgeable of the rules of the game and the by-laws of the league. I will also make my players knowledgeable of the rules of the games and league by-laws.
5. I will remember that this league is for recreation purposes and that my players are playing to have fun.
6. I promise to treat all players, coaches, officials, other participants and spectators with respect and encourage all of my players to do likewise.
7. I will not, or allow my team to, resort to unsportsmanlike conduct, such as using profanity, offensive gestures or remarks, boastful celebrations, or taunting at any time.
8. I promise to respect and support the decisions of coaches, officials, PARA supervisors, and to never confront authority during or after a game.
9. I promise to be a positive role model for individuals involved in any sport.
10. I will support and help maintain an environment that is drug-free, and alcohol-free. I will refrain from using them before, after, or during all practices and games on PARA facilities.
11. I am responsible for any guest at the game and will make them aware of this Code of Conduct.
12. I understand that my attendance at this event is a privilege, not a right, and may be suspended if I refuse to support this code.
13. As a coach I am responsible for ensuring that players on the roster are eligible and have personally signed the roster.
14. As a coach I promise to be responsible for all my team members abiding by all park rules, league rules and league by-laws.

Signature of Coach

Date

Name of Team



ATHLETIC PROGRAMS

Letter of Commitment / P.O. Number

This letter serves as a letter of commitment from _____ to sponsor a team/individual in a PARA athletic program. I accept financial responsibility for the participant/team _____ and am requesting that PARA invoice me at the address listed below. I understand that full payment is due within 30 days of receipt of the invoice. I further understand that failure to make this payment may cause the team/individual that I am sponsoring to forfeit games until payment is received. Furthermore, I understand that teams/individual will not be eligible for tournament play if full payment is not received.

Name: _____

Phone #: _____

Address:

P.O. # (If applicable):

Signature

Date



Youth Developmental/Modified Pitch Softball Team Registration Sheet

The _____ team in the _____ age group petitions the Tuscaloosa County Park and Recreation Authority for membership, and agrees, if accepted, to adhere to the by-laws to play on DATES/HOURS and AREAS assigned to our team.

Head Coach _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone # _____ Cell Phone # _____
 E-mail _____

Assistant Coach _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone # _____ Cell Phone # _____
 E-Mail _____

I (Head Coach) _____, certify that the names on the roster are members of the _____ PARA Youth Softball Team and meet eligibility requirements for participating in the league as stated in the league by- laws. I also state that as head coach, I have read the league by-laws, understand them, and will abide by them.

 Signature of Head Coach

 Date

Signing of this roster also indicates the team members/managers/parents will abide by the PARA League By-Laws and have read the medical release and will comply with this statement.

PARA YOUTH DEVELOPMENTAL/MODIFIED PITCH SOFTBALL – TEAM ROSTER & WAIVER/RELEASE FORM

TEAM NAME: _____

Please Check One: **8U – Coach Pitch** **10U – Coach Pitch** **13U – Coach Pitch**

Players Name	Parent/Guardian Signature	Grade	Player's Birthday	Age	Address	Phone #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

AUTHORIZATION FOR RELEASE

By signing this roster, I hereby give my permission for my child/ward to participate in this program/activity conducted by the Tuscaloosa County Parks & Recreation Authority (PARA). I assume all risks and hazards incident to such activities and transportation to and from the same. I release, discharge, and acquit PARA and all of its agents, servants, employees, staff, and personnel from and with respect to all claims, causes of action and rights of recovery which I have, or might have at any time in the future as a result to any property damage or bodily injury suffered by said child/ward during the course of any such activities. Additionally, I agree to indemnify and hold harmless PARA and the employees from and against any and all claims, suits, damages, judgments, attorney fees and expenses of every kind on account of property or bodily injury, including death, suffered or experience by me or my said child/ward occurring during, or in any way resulting from any of said activities, whether or not cause by a negligent acts (except as may be occasioned by gross or wanton employees) or omission of any sort by PARA employees. I authorize PARA and employees to render any medical care and treatment to my said child/ward deemed necessary with respect to any illness or injury occurring during any PARA activities. I fully understand that PARA has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward and I agree to pay all costs incurred if treatment is obtained. I understand that PARA assumes no responsibility or liability for lost, stolen, or misplaced items. I also give permission for PARA to take photographs and /or videos of my child during activity for publicity use. Furthermore, please take caution when sending valuable, sentimental items with child/ward to any activities. PARA accepts NO RESPONSIBILITY for lost or stolen items. This instrument is signed both on behalf of the individual and the child/ward.