

Western Nevada County Recreation Services

Hot Line # 478-8040

Team Roster

www.wncssa.com

Date: _____

<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
<input type="checkbox"/> Men's	<input type="checkbox"/> Women's	<input type="checkbox"/> Coed
<input type="checkbox"/> Slow Pitch WNCSSA	<input type="checkbox"/> Fast Pitch NCSA	

Team Name: _____
(Limit 30 Characters)

Manager: _____

Address: _____

City: _____ Zip: _____

Phone Home: _____ Work: _____

E-Mail: _____

2nd Contact: _____

Phone Home: _____ Work: _____

Manager's Agreement:

The team manager is the link between WNCRS and their team. Manager's must:

1. Obtain all 1.league paperwork pertaining to deadlines, schedules, make-up games, and any other pertinent information.
2. Inform all players of team insurance coverage available through USSSA and that all players are responsible for their own insurance. Registration with WNCRS does not include insurance.
3. Know the rules and inform team players.
4. be responsible for conduct of his/her players. Good sportsmanship is expected of all managers, players, and spectators.
5. Make sure that each player is properly rostered. Any manager fielding an illegal player will be barred from WNCRS/WNCSSA play for one calendar year along with the player and the game will result in a forfeit.
6. Make sure all fees are paid on time in full.
7. Receive field rules prior to the start of the game.
8. Inform the league of any contact changes.

☆ **Manager's Signature:** _____

Office Use Only

Credits: _____

___ x1 ___ x5 ___ x10 ___ x20 ___ x50 ___ x 100 _____

Checks: _____

Total: _____

Due: _____

Date: _____ Balance: _____

Player Name	New/ Reg.	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

(Rank 1st and 2nd Preferred nights of play)

Men's : Mon. _____ Tue. _____

Coed: Wed. _____ Thur. _____ Fri. _____

Fast Pitch: Wed. _____ Thur. _____

Special Scheduling Requests: _____
