

Team Name: _____
Managers Name: _____ Mailing Address: _____
Managers Phone #: _____ City, ST, Zip: _____
E-Mail: _____
2nd Contact Name: _____ 2nd Contact Phone: _____

SPRING ☐ SUMMER ☐

FASTPITCH ☐ MENS ☐ WOMENS ☐ COED ☐

New/Reg.

Shirt
Size

Manager's Agreement

The team manager is the link between
WNCRS and their team.

Manager's Must:

1. Obtain all 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 THEIR TEAM.
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 batted 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.

MANAGERS SIGNATURE:

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OFFICE USE ONLY

___x1___x5___x10___x20___x50___x100

Checks: _____

TOTAL: _____

DUE: _____

BALANCE: _____

Special Scheduling Requests:

Men's: Monday ___ Tuesday ___

Coed: Wed: ___ Thurs: ___ Fri: ___