

ATTENTION SOFTBALL MANAGERS

A. NEW BASELINE RULES

Attention Managers: Bases are moved back to 70ft. and pitching rubber 53ft.during league play.

B. RESTRICTED BATS

These bats will be restricted from use for the spring softball season. They include: Miken Ultra I, Miken Ultra II, Miken Maxload, Miken Orange Recoil. (**ASA stamped bats Only**)

C. Blue Springs Parks and Recreation Department Rules

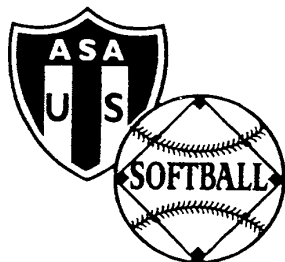
Uniform/Shirt Rule: All teams are encouraged to wear **matching colored shirts**. **All shirts are required to have individual numbers, per player, of at least six inches in height (No Tape). Failure to have a legible individual shirt number, player will be assessed an out for each time at bat.** (When you turn in your lineup to the scorekeeper, before games, it must list each players first and last name and shirt number.)

Jewelry Rule: **Players must refrain from wearing any type of jewelry.** If a team player is wearing jewelry they will be assessed an out for each time at bat.

D. Warning: Alcohol rule will be enforced!

Alcohol Policy: All team members are prohibited from consuming alcoholic beverages during the course of the ball game they are playing (regardless of whether on the field, in the dugout, or anywhere within the park). This relates to all team members, whether they are in the lineup or not.

Young Park concessions has alcoholic beverages for sale, **NO ONE** is allowed to bring alcohol inside the park fences, nor allowed to carry alcohol out of the fenced park area per Missouri State Law.



Kansas City Metro Amateur Softball Association

www.asakc.org



ASA TEAM REGISTRATION 2010

If the ASA fee has been paid for the 2010 season, write registration number (or date payment was sent in) here _____.

This form must be filled out and returned to Blue Springs Parks & Recreation, along with full league payment.

Roster must be completed and turned into the scorekeeper prior to the second week. Players waiver must be completed and turned into the scorekeeper prior to the **first game**.

Team Name: _____

Manager's Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

E-mail address: _____

Check Type of Team/League

Men's		Coed	
B	[]	C	[]
B Double Header	[]	C Double Header	[]
C	[]	D	[]
C Double Header	[]	D Double Header	[]
D	[]	Women's	[]

Check Day

Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Sunday []

ASA is a not for profit Corporation; incorporated and dedicated to develop and perpetuate interest in softball and to further the spirit of sportsmanship.

ADULT SOFTBALL ROSTER 2010

BLUE SPRINGS PARKS & RECREATION

PHONE 816-228-0137 FAX 816-228-7592

Please complete
and return to the
scorekeeper
prior to second
week

LEAGUE: _____ DAY: _____

TEAM NAME: _____ SPONSOR NAME: _____

MANAGER: _____ PHONE : (H) _____ PHONE: (W) _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

E-MAIL ADDRESS: _____

ASSIST. MANAGER: _____ PHONE: (H) _____ PHONE: (W) _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

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Player Name	Address	Zip	Phone
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Manager Signature

Date

