Softball June 7-9, 2019

VENUE

Metro Kiwanis Sportsplex
3590 Patton Road SW
Huntsville, AL 35805

ENTRY FEES AND DEADLINES

Standard Registration	Fee	Admission	Deadline
8U -18U Per Team (4 game Minimum for each team)	$350	NO Gate Fee	Received by June 1, 2019
Register Online At www.usssa.com/fastpitch			

EVENT SCHEDULE

Friday, June 7th 2019
Opening Ceremony
Von Braun Center - Downtown Huntsville, AL
(Free admission for ALL)
3 PM - Doors open for Fan Fair
Food, product vendors, music, Olympic Day giveaways, fun activities, athlete t-shirt pick up and more.
5 PM - State Farm Leadership Summit (all attendees welcome)
For athletes, coaches, parents, spectators and volunteers to hear a keynote speaker to learn the importance of academic excellence, good citizenship, responsibility, leadership and the concept of community.
6-6:45 PM - Parade of Athletes line up
7 PM - Live Opening Ceremony Show begins
(More details on www.alagames.com)

Friday, June 7th 2019
8:00 a.m. Games Begin

Sunday, June 9th 2019
Championship games-Times TBA

Official Tournament Schedule and Times will be posted at www.alagames.com the week of June 2nd.

AGE GROUPS

Age Determination Date: A player's age on December 31, of the previous sanction year determines the age classification in which the player is eligible to participate. *Proof of age is required.* *The coach/participant must have proof-of-age documents on hand at the event site.*	- *8U* - *10U* - *12U* - *14U* - *16U* - *18U*

AWARDS & QUALIFYING

Each individual on the 1st, 2nd, and 3rd place teams will receive a State Games medal.

2018 & 2019 Medal Winners (1st-3rd place) Automatically Qualify for the State Games of America in Lynchburg, Viginia on July 31-August 4, 2019.

STATE GAMES OF AMERICA
QUALIFYING EVENT

EVENT RULES & FORMAT

Eligibility Rules

Proof of Age will be required as requested at the tournament site!

Format

The USSSA Fast pitch program will use "pool play" format in its Alabama State Games tournament. Teams will be placed in pools where they will play a minimum of two games. A double elimination format will be used in the championship bracket following pool play. The exact format of the tournament, number of pools, number of teams in each pool will be set by the tournament director.

In all pool play games, the winner of a coin toss prior to the start of a game will have choice of being home or visitors. In all bracket play games the higher seeded team from pool play will have the choice. If both teams are equally seeded in bracket play then a coin toss will be used.

Alabama State Games FAQs can be found on www.alagames.com

Other Rules

- *Must have 9 players to start and finish a game.*
- *A flip of a coin will determine the home team in pool play. In bracket play, the highest seed will be designated as the home team.*
- *Run Rule: 12 after 3, 10 after 4, and 8 after 5 innings of play.*
- *Teams will be seeded in double elimination championship play.*
- *All teams must be USSSA sanctioned.*

http://fastpitchal.com/help-2/

NO Gate Fee

Other tournament rules can be found by visiting: http://web.usssa.com/usssa/usssa-general/2017_USSSA_FPRB.pdf

CONTACTS

Alabama State Games
Sarah Bush
334-440-8254
sarah.bush@asffoundation.org

Tournament Director
James Baker
256-990-0978
james.baker@usssa.com

All individual and team waiver forms must be completed and submitted by the day of competition.

USSSA Alabama Fastpitch Roster

REGISTRATION NUMBER	
TEAM NAME -- LOCATION	
MANAGER NAME / PHONE ADDRESS	
CLASS	
DATE FROZEN	

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the UNITED STATES SPECIALTY SPORTS ASSOCIATION athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE UNITED STATES SPECIALTY SPORTS ASSOCIATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENTS/GUARDIANS SIGNATURE SHOULD BE ON THE SAME LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of each youth player must sign below. FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility fir this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THEIR NEGLIGENCE.

PLAYER	DATE ADDED TO ROSTER	DATE OF BIRTH	ROSTER AGE	PLAYER SIGNATURE	PARENT/GUARDIAN	RELATIONSHIP
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

*** Indicates player added AFTER roster freeze date.**

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hearby state that all of the information supplied is correct to the best of my knowledge and that all of the parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the USSSA Program in accordance with the USSSA rules governing that sport.

MANAGER'S SIGNATURE: _____ DATE: _____

IMPORTANT - Each team manager shall be responsible to keep legal copies of birth certificates, etc., at all times in case of protest.
USSSA DIRECTOR'S APPROVAL - The above team is registered with the USSSA and has qualified to participate in this event.

SIGNED: _____
USSSA STATE SPORTS DIRECTOR

OFFICIAL TEAM ENTRY FORM

Please Print Clearly - **Only One Team Per Form**. If you are entering more than one team, please photocopy this form

TEAM INFO

TEAM NAME | ❑ MALE ❑ FEMALE ❑ COED | DIVISION/EVENT

HEAD COACH

LAST NAME | FIRST NAME | MI | (WORK PHONE) - | (HOME PHONE) -

ADDRESS | CITY | STATE | ZIPCODE -

EMAIL

ASST. COACH

LAST NAME | FIRST NAME | MI | (WORK PHONE) - | (HOME PHONE) -

ADDRESS | CITY | STATE | ZIPCODE -

EMAIL

ALL TEAM MEMBERS MUST READ THE WAIVER BELOW AND SIGN THE TEAM ROSTER BELOW

In consideration of the PARTICIPANTS being allowed to participate in any way in the ASF Foundation Alabama State Games program and related events and activities, the undersigned:

1. **ACKNOWLEDGE, FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
2. **ASSUME** all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.
3. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** ASF Foundation, Inc., sponsor of Alabama State Games, National Congress of State Games, their affiliated clubs, their promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
4. **AUTHORIZE**, in the event that the participant sustains injury or illness while competing/participating in the Alabama State Games, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the Participant permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.
5. **CONSENT** to allow the Participant's picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Alabama State Games in any manner incidental to his or her participation in the ASF Foundation program, without compensation.

ALL OF THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. THIS AGREEMENT CANNOT BE MODIFIED ORALLY BY ANY PARTY.

TEAM MEMBER ROSTER (ROSTER CONTINUES ON NEXT PAGE)

Please complete all information about each team member and make sure they sign after reading the waiver above. If the team member is under 19, then a parent or guardian must sign for them. Each team member MUST complete and sign the form in order to compete in the Alabama State Games. You may make as many copies of this form as needed.

1

LAST NAME | FIRST NAME | MI | DATE OF BIRTH (MM/DD/YY) / / | AGE | GENDER | (PHONE) - | SIGNATURE

ADDRESS | CITY | STATE | ZIPCODE | EMAIL

EMERGENCY CONTACT INFORMATION | NAME | (HOME PHONE) - | (WORK PHONE) - | RELATIONSHIP

SCHOOL NAME | Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO

2

LAST NAME | FIRST NAME | MI | DATE OF BIRTH (MM/DD/YY) / / | AGE | GENDER | (PHONE) - | SIGNATURE

ADDRESS | CITY | STATE | ZIPCODE | EMAIL

EMERGENCY CONTACT INFORMATION | NAME | (HOME PHONE) - | (WORK PHONE) - | RELATIONSHIP

SCHOOL NAME | Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO

OFFICIAL TEAM MEMBER ROSTER (CONTINUED)

PLEASE COMPLETE TEAM NAME | HEAD COACH NAME

Please complete all information about each team member and make sure they sign after reading the waiver on the previous page. If the team member is under 19, then a parent or guardian must sign for them. Each team member MUST complete and sign the form in order to compete in the Alabama State Games. You may make as many copies of this form as needed. If you have more than 10 team members, please feel free to copy this form as needed. Be sure to check Event Rules and Formats for your sport for the maximum number of team members allowed.

3	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
4	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
5	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
6	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
7	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
8	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
9	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
10	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	PHONE ( ) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION NAME			HOME PHONE ( ) -			WORK PHONE ( ) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				

If you have more than 10 team members, Please photocopy this form and continue to the maximum allowed by your sport

TEAM FORM - Roster & Waiver (Continued)

OFFICIAL TEAM MEMBER ROSTER (CONTINUED)

PLEASE COMPLETE TEAM NAME | HEAD COACH NAME

Please complete all information about each team member and make sure they sign after reading the waiver on the previous page. If the team member is under 19, then a parent or guardian must sign for them. Each team member MUST complete and sign the form in order to compete in the Alabama State Games. You may make as many copies of this form as needed. If you have more than 10 team members, please feel free to copy this form as needed. Be sure to check Event Rules and Formats for your sport for the maximum number of team members allowed.

11	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
12	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
13	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
14	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
15	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
16	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
17	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				
18	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY) / /	AGE	GENDER	(PHONE) -				SIGNATURE
	ADDRESS			CITY				STATE	ZIPCODE		EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE) -			(WORK PHONE) -				RELATIONSHIP
	SCHOOL NAME						Did Your P.E. Teacher recommend that you participate in the Alabama State Games? ☐ YES ☐ NO				

If you have more than 10 team members, Please photocopy this form and continue to the maximum allowed by your sport

TEAM FORM - Roster & Waiver (Continued)