



**USA Softball of Northern California**  
**John Gouveia, Commissioner**

[jgouveia@norcalusasoftball.org](mailto:jgouveia@norcalusasoftball.org) \* [www.norcalusasoftball.org](http://www.norcalusasoftball.org)

Thank you for inquiring about registering your team & players for the **Nor Cal USA Softball Junior Olympic “B” Travel Program** for the 2018 Season.

The purpose of the Nor Cal USA Softball Junior Olympic “B” program is to provide a recreational program of championship tournament play for recreational league all-star teams registered with Nor Cal USA Softball. It is not necessarily the intent of the “B” program to establish a classification system for teams that do not feel they can compete with the Region’s “A” Teams.

Please find attached the Junior Olympic “B” Travel Team Registration Form. We at Nor Cal USA Softball want to ensure that all Junior Olympic “B” Teams are following the Pacific Coast Region 10 Junior Olympic Guidelines. **Therefore, we are requiring this registration form be completed and approved by Nor Cal USA Softball before registering your players/managers/coaches.**

Nor Cal’s intent is to level the playing field for all teams that participate in our J.O. “B” Program. This has not been an easy task to achieve with such a large geographical area to oversee but we feel we have made great strides over the past seasons.

All teams that participate in the Nor-Cal USA Softball “B” program must be individually registered through Northern California. You will need to go to the USA Softball registration website at [www.registerusasoftball.com](http://www.registerusasoftball.com) to register your players/managers/coaches. Photo I.D. Cards can be ordered at the same time. **Your registration request will not be approved until the Nor Cal USA Office is in receipt of your completed Travel Team Registration Form.**

It is **MANDATORY** that each player has a Photo Identification Card for Championship Play (Nor Cal Championships and Western National Championships). Photo I.D. Cards which are acceptable: DMV License or Identification Card, Photo Passports within two (2) years or the USA Registration Photo ID cards. You can purchase colored credit card like photo identification cards at [www.registerusasoftball.com](http://www.registerusasoftball.com).

**Please note that this Travel Team Registration Form will need to be signed off by your District Commissioner before sending to the Nor Cal Office. Your District Commissioners are as follows:**

**SAN MATEO COUNTY**

Tim Barry  
650/558-7315  
[tbarry@burlingame.org](mailto:tbarry@burlingame.org)

**NAPA/SOLANO**

Dee Webster  
707-428-7584  
[Dwebster@fairfield.ca.gov](mailto:Dwebster@fairfield.ca.gov)

**MARIN/SONOMA/MENDOCINO/LAKE**

Brandon Hamman  
707-543-3280  
[bhamann@srcity.org](mailto:bhamann@srcity.org)

**SANTA CLARA**

Gary Catalano  
408-981-9321  
[gcatalano@norcalusasoftball.org](mailto:gcatalano@norcalusasoftball.org)

**MONTEREY/SANTA CRUZ**

**SAN BENITO**  
Manuel Gomez  
831-869-8521  
[mgomez@norcalusasoftball.org](mailto:mgomez@norcalusasoftball.org)

**HUMBOLDT/SISKIYOU/TRINITY**

**DEL NORTE**  
John Gouveia  
[jgouveia@norcalusasoftball.org](mailto:jgouveia@norcalusasoftball.org)

**BUTTE/GLEN/COLUSA/SHASTA  
TEHAMA/PLUMAS/LASSEN/MODOC**

Sue Roi  
[sroi@ci.redding.ca.us](mailto:sroi@ci.redding.ca.us)

**SUTTER/ NEVADA/YUBA/YOLO/SIERRA**

X  
X

**ALAMEDA/CONTRA COSTA**

Vanessa O’Laughlin – [voloughlin@norcalusasoftball.org](mailto:voloughlin@norcalusasoftball.org)

**NOR CAL USA SOFTBALL - JUNIOR OLYMPIC "B"  
TRAVEL TEAM REGISTRATION 2018**

TEAM NAME: \_\_\_\_\_ AGE CLASSIFICATION: \_\_\_\_\_

CATEGORY OF ELIGIBILITY: REC LEAGUE \_\_\_\_\_ RURAL \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

WHICH REGISTERED LEAGUE DO YOU BELONG TO? \_\_\_\_\_

WHAT COUNTY DOES YOUR LEAGUE PLAY IN? \_\_\_\_\_

NUMBER OF TEAMS IN THIS AGE CLASSIFICATION IN YOUR LEAGUE: \_\_\_\_\_

NUMBER OF PLAYERS IN THIS AGE CLASSIFICATION: \_\_\_\_\_

HAVE ANY OF YOUR PLAYERS PLAYED IN ANY OTHER ORGANIZATIONS (EX: USSSA, NSA, ETC) \_\_\_\_\_

HAVE ANY OF YOUR PLAYERS PLAYED FOR AN "A" TEAM IN 2018? \_\_\_\_\_

HAS YOUR TEAM PLAYED IN ANY OTHER ORGANIZATIONS (EX: USSSA, NSA, ETC) \_\_\_\_\_

HOW DID YOU SELECT YOUR TEAM: \_\_\_\_\_

IF APPLICABLE, DATE OF TRYOUTS FOR TEAM: \_\_\_\_\_

**PLEASE SUBMIT TRYOUT FLYER OR WEB SITE POSTING**

DATE TEAM WAS SELECTED: \_\_\_\_\_

DATE OF TEAM'S FIRST PRACTICE: \_\_\_\_\_

**RESPONSIBILITIES: Recreational League President (or Chief Softball Administrator)**

1. The president/chief administrator is responsible to verify the league's player/team eligibility to the best of his/her knowledge using the Pacific Coast Region 10 2018 J.O. Handbook.
2. The president/chief administrator shall notify the local District Commissioner or his/her representative of any possible infractions.

**LEAGUE PRESIDENT** (print): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**RESPONSIBILITIES: Team Manager**

1. The manager is responsible to verify the team and player's eligibility to the best of his/her knowledge.
2. The manager shall be prepared to provide proof of age at every tournament for each and every rostered player.
3. The manager of any team found to be in violation of these policies may be disqualified from participation in USA Softball play for up to one full year.
4. The manager shall sign the following affidavit prior to entering any "B" event:

**We, the undersigned have read in the Pacific Coast Region 10 JO Handbook and understand the Pacific Coast Region Jr. Olympic "B" Program as stated. We also understand that violations of these policies by this team may result in our disqualification for up to one year in USA Softball play. We further state as the manager and league president for said team that all of the information supplied on the Entry Form and Roster Form is correct to the best of our knowledge and that all the players are eligible to compete with this team in the "B" program of Pacific Coast Region 10 USA Softball and we agree to be bound by the rules and regulations of USA Softball and Pacific Coast Region 10 as listed in the J.O. Handbook and in the USA Softball Code.**

MANAGER'S NAME (print) \_\_\_\_\_

MANAGER'S ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (FAX) \_\_\_\_\_

**It is MANDATORY for All Travel Team Managers, Coaches OR Any Adult in the dugout or the field of play to be certified through the ACE Coaching Education program. ACE will include Background Checks.**

**SIGNATURE OF TEAM MANAGER** \_\_\_\_\_ **Date**

**SIGNATURE OF LEAGUE PRESIDENT  
OR CHIEF ADMINISTRATOR:** \_\_\_\_\_ **Date**

**SIGNATURE OF DISTRICT COMMISSIONER** \_\_\_\_\_ **Date**  
**(Must have signature before team will be approved)**

**Please direct your mail to Sandy Scott, Office Manager:  
NOR CAL USA Softball - P. O. Box 2829, Fair Oaks, CA 95628  
916-962-1631 phone  
Email: [sscott@norcalusasoftball.org](mailto:sscott@norcalusasoftball.org)**