



USA Softball of Northern California
John Gouveia, Commissioner

jgouveia@norcalusasoftball.org * www.norcalusasoftball.org

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

The purpose of the Nor Cal USA Softball Junior Olympic "C" program is to provide a recreational program of championship tournament play for recreational league all-star teams registered with USA Softball of Northern California.

Please find attached the Junior Olympic "C" Travel Team Registration Form. We at Nor Cal USA Softball want to ensure that all Junior Olympic "C" 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. "C" 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 "C" program must be individually registered through Northern California on the USA Softball Registration website at www.registerusasoftball.com. Photo I.D. Cards can be ordered at the same time. **Your USA 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 Regional Championships). Photo I.D. Cards which are acceptable: DMV License or Identification Card, Photo Passports within two (2) years or the USA Softball Photo I.D. cards. You can purchase colored credit card like photo identification cards when you register your team at 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

NAPA/SOLANO

Dee Webster
707-428-7584
Dwebster@fairfield.ca.gov

MARIN/SONOMA/MENDOCINO/LAKE

Brandon Hamman
707-543-3280
bhamann@srcity.org

SANTA CLARA

Gary Catalano
408-981-9321
gcatalano@norcalusasoftball.org

MONTEREY/SANTA CRUZ

SAN BENITO
Manuel Gomez
831-869-8521
mgomez@norcalusasoftball.org

HUMBOLDT/SISKIYOU/TRINITY

DEL NORTE
John Gouveia
jgouveia@norcalusasoftball.org

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

Sue Roi
sroi@ci.redding.ca.us

SUTTER/ NEVADA/YUBA/YOLO/SIERRA

X
X

ALAMEDA/CONTRA COSTA

Vanessa O'Laughlin – voloughlin@norcalusasoftball.org

**NOR CAL USA SOFTBALL - JUNIOR OLYMPIC "C"
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 OF TRYOUT NOTIFICATION

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 "C" 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 "C" 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 _____

EMAIL ADDRESS: _____

It is MANDATORY for All Travel Team Managers, Coaches OR Any Adult in the dugout or field of play to complete 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 AREA DISTRICT COMMISSIONER _____
(Must have signature before team will be approved) Date

**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**