

QUEEN CITY SOFTBALL LEAGUE

TEAM REGISTRATION FORM



Team Name: _____

Manager's Name: _____

Phone: (_____) _____ - _____ **E-Mail:** _____

Sponsor: _____

Contact Name: _____

Sponsor Address: _____

Phone: (_____) _____ - _____ **E-Mail:** _____

QCSL Mission: The Queen City Softball League provides and protects the opportunity for individuals who support the bonds of gay fellowship to play softball in a friendly competitive atmosphere free of discrimination on the basis of ability, age, race, creed, gender or sexual orientation.

Sportsmanship Pledge: As a member of the QCSL, I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash-talking, and unnecessary physical contact. I know the expectations of the QCSL and accept the responsibility and privilege of representing this league as a member of the QCSL. By joining a team, I have made a commitment to attend practice, games, display good sportsmanship and obey the rules of games stated in the QCSL Constitution and its ASA Rule Modifications. I cannot expect to play if I don't meet those commitments. As a player, I will ask my spectators and family members to treat other players, team managers, fans, and officials with respect.

I have read and agree to uphold Queen City Softball League's mission and sportsmanship pledge:

Signature: _____

For QCSL Use Only

Accepted by: _____ Date: _____ Cash _____ Check _____