

City of Columbus Co-ed Intramural Slow-Pitch Softball League

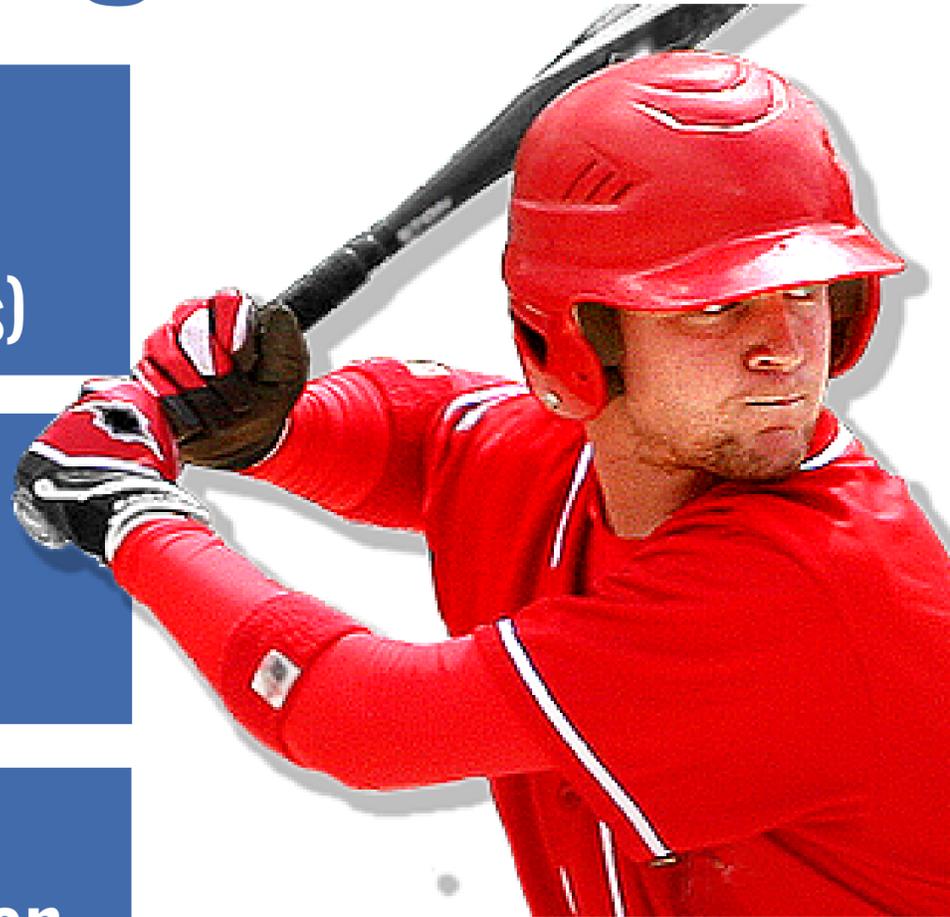
When: Weekly double headers on
Thursday evenings:
Sept. 10, 17, 24, Oct. 1, 8 and 15 (Playoffs)

Where: Berliner Sports Park, 325
Greenlawn Ave.

Teams: 20 players max - City
employees + adult family members on
the city's health plan

Cost: Free + a team t-shirt + trophy to
winning team!

Registration: Submit completed applications to
HealthyColumbus@Columbus.gov by August 19th



Please note:

- Rec & Park men's slow-pitch fall league rules
- 1 pitch at-bat per Rec & Parks rules allows for double header league format (mandatory)
- "Co-ed" optional - teams can be all male or all female
- All teams will play each other
- Team captains will serve as the point of contact for information/updates/schedule
- A "completed" application form must have signed waivers for all team members

2015 City of Columbus Intramural Slow-Pitch Softball League Team Application

Begins September 10th, 2015 (5 Week League)

Lou Berliner Sports Park. 325 Greenlawn Ave, Columbus Ohio.

This intramural softball program will be a private league among City of Columbus teams only. League standing, rules, brackets and other coordination will be done by the Columbus Recreation & Parks Department. The specific game day, time, and field locations will be determined soon and a full schedule will be provided to all teams:

- Teams in the league must follow Rec & Parks softball league policies and procedures to participate.
- We have confirmed Thursday nights starting at 6:00/6:50, 7:40/8:30, 9:20/10:10.
- The league will be limited to 8 teams with teams consisting of 11-20 players.
- Eligible parties include City of Columbus (Full & Part-Time) employees and adult (18+) dependents on the city's health plan.
- Applications to participate in this league will be filled on a first come, first served basis when completed applications are submitted.

****A registration is considered "complete" only if this application form and signed waivers for each member of the team are submitted together.*

Please email completed forms with all signed waivers attached to healthycolumbus@columbus.gov or fax to 645-8022 by August 19th.

Registration Options:

1. **Team Captain (see next section)**
2. **Individual participant without a team (see final section)**

**(Non-captain) Team members should verify their information with the captain before application submission.*

Team Captain Section

I will be a team captain

Team Captain Name	
Team Name	
Team Captain Email	
Team Captain Phone	
Team Captain Department	
Team Captain T-Shirt Size (Unisex: Small - 3X)	

Team Information

If you do not have enough players to field a complete team, Healthy Columbus may fill your team with people who want to play but do not belong to a team. Team Captains are still responsible for communication with any added teammates.

	Player Name	Email Address	T-Shirt Size (Unisex: Small - 3X)	Waiver Attached
1				
2				
3				

4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

Individual Participant Information

You must fill out the BWC Recreation Waiver (attached) to submit your application.

Participant Name	
Participant T-Shirt Size (Unisex: Small - 3X)	
Participant Email	
Participant Phone	
Participant Department	

If individual players are not placed on a team, they will be placed on a wait list to fill in for last minute player cancellations and will be given as much notice of their team status as possible.

Questions? Contact Brandon Kimbro @ 645-3892





Instructions

- Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers' compensation coverage. Make a line through any blank spaces.
The employee must sign and date this form to acknowledge agreement.
The employer shall retain the original for his or her files and provide a copy to the employee.
The employer should submit a copy to BWC only when an employee files a claim for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Table with 2 columns: Employee name (please print or type) and Date; Employer name City of Columbus and Risk number 32505302-0

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program which is not listed, the employee may be eligible for workers' compensation benefits.

Recreational activities/Fitness programs
Participation in City of Columbus Intramural Sports Program, 2015

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

Employee signature

Date signed