



FAITH ASSEMBLY OF GOD

4000 STATE STREET

QUINCY, IL 62305

April 9, 2021

Dear Softball Team Captain,

Welcome to another great season at Spirit Field!

Registration begins Monday, May 3 at 9:00am and ends Monday, May 17 at 4:00pm. Completed Registration Forms and the full team fee of **\$380** will guarantee the first nine teams in each division a spot in the league. Teams will be accepted on a first come, first served basis.

Completed Registration Forms and the full team fee of \$380 must be returned in person to Quincy Faith Assembly at 4000 State Street. Church office hours are 9:00am-12:00pm and 1:00pm-4:00pm Monday through Friday.

Men's Division – Men only, must be 15 yrs. or older

Coed Division – Men and women; must be 15 yrs. or older; must have four women in the batting line-up and three women on the field each inning

Completed Team Rosters and a **Certificate of Liability Insurance** from your church's insurance company naming Faith Assembly of God as an additionally insured, must be turned in by May 17. This Certificate of Liability Insurance is at no cost and is easily done by contacting your church's insurance company. An example is attached in the softball packet for reference. Individual activity participation agreements are no longer required. Schedules will be posted to the website under the Ministries tab on or before Friday, May 21 at 6:00pm at www.quincyfaith.com.

*Games will begin the week of May 24

Thank you for participating in the Church Softball League!

God Bless You,

Faith Softball Committee

2021 Church Softball League
Registration Form

*Registration begins Monday, May 3 at 9:00am
and ends Monday, May 17 at 4:00pm*

Church: _____ Church Phone: _____

Church Address: _____

Team Captain: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Cell Phone: _____

Division Played in 2019: _____

Division Preference : _____

Monday Division - Men only, must be 15 yrs. or older

Coed Division - Men and women; must be 15 yrs. or older; must have four women in the batting line-up
and three women on the field each inning. (Possibility of a few Tuesday games)

List any dates that your entire team cannot participate and the reason (*i.e. revivals, mission trips, etc.*)

Games in which a team is unable to play and failed to report on this registration will be a forfeit.

Completed registration form and full team fee of \$380 will guarantee the first nine teams in each division a spot in the league. Teams will be accepted on a first come, first served basis.

Games will begin the week of May 24.

2021 Church Softball League Team Roster

Completed Team Roster and Certificate of Insurance must be turned in by Monday May 17. Schedules will be posted on or before Friday, May 21 at 6:00pm to the website at www.quincyfaith.com under the Ministries tab.

Church: _____ Phone: _____

Team Captain: _____ Phone: _____

Each player must personally print and sign his/her name to be eligible. If the player is a minor, a parent or guardian must sign in the Signature box.
 In signing this roster, I agree to abide by the 2021 Church Softball League rules. Additionally, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and injuries or damages arising out of the Church Softball League. I am fully aware that accidents and injuries may occur during the conduct of the Church Softball League and do fully agree to absolve Faith Assembly of God Church and its elected or appointed officials from all personal liability as a result of my participation in the League.

Name (please print)	Address	Phone	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Each player must personally print and sign his/her name to be eligible. If the player is a minor, a parent or guardian must sign in the Signature box.

In signing this roster, I agree to abide by the 2021 Church Softball League rules. Additionally, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and injuries or damages arising out of the Church Softball League. I am fully aware that accidents and injuries may occur during the conduct of the Church Softball League and do fully agree to absolve Faith Assembly of God Church and its elected or appointed officials from all personal liability as a result of my participation in the League.

Name (please print)	Address	Phone	Signature
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/1/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Affordable Insurance Agency, 1000 Main Street, Anywhere, IL 00001. CONTACT NAME: John Doe, PHONE: 800-111-1111, FAX: 800-100-1000, E-MAIL: john.doe@affordable.com. INSURER(S) AFFORDING COVERAGE: INSURER A: NOPE Insurance Company, NAIC #: 11111.

COVERAGES CERTIFICATE NUMBER: 634373248 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Faith Assembly of God Church, Inc. is included as additional insured on all policies except workers compensation as respects use of premises by, and activities of, ABC Church. Liability coverage is primary and non-contributory. Waiver of Subrogation is granted in favor of the certificate holder.

CERTIFICATE HOLDER

CANCELLATION

Certificate holder: Faith Assembly of God Church, Inc., 4000 State Street, Quincy, IL 62305. Cancellation notice: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]