

NOR CAL A.S.A.

P. O. Box 2829, Fair Oaks, CA 95628

mblondino@norcalasa.org

www.norcalasa.org

Thank you for inquiring about registering your team & players for the **Nor Cal ASA Junior Olympic "B" Travel Program** for the 2010 Season.

The purpose of the Nor-Cal ASA Junior Olympic "B" program is to provide a recreational program of championship tournament play for recreational league all-star teams registered with Nor-Cal A.S.A. 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 A.S.A. want to insure that all Junior Olympic "B" Teams are following the Pacific Coast Region 14 Junior Olympic Guidelines. **Therefore, we are requiring this registration form be completed and approved by Nor Cal ASA before registering your players/manager/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 "B" Traveling Team program must be individually registered through Nor-Cal ASA Association. You will need to go on the ASA Registration website at www.registerasa.com to register your players/manager/coaches. Photo I.D. Cards can be ordered at the same time. **Your ASA registration request will not be approved until the Nor Cal ASA 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, Regional Championships or Western National Championships). Photo I.D. Cards, which are acceptable: DMV License or Identification Card, Photo Passports within two (2) years or the ASA Registration Photo ID cards. You can purchase colored credit card like photo identification cards through ASA Registration. The fee is \$7.00 for two cards. You would order off their website at www.registerasa.com.

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

SAN MATEO COUNTY

Manny Hernandez
650 Shell Blvd.
Foster City, CA 94404
650/286-3386
650/638-1936 fax
mhernandez@fostercity.org

NAPA/SOLANO

Dee Webster
1000 Webster Street
Fairfield, CA 94533
707/428-7584
707/429-5687 fax
Dwebster@fairfield.ca.us

MARIN/SONOMA/MENDOCINO/LAKE

Rick McLaughlin
415 Steele Lane
Santa Rosa, CA 95403
707/543-3280
707/543-3288 fax
Rmclaughlin@ci.santa-rosa.ca.us

SANTA CLARA

Henry Perezalonso
P. O. Box 7540
201 South Rengstorff
Mountain View, CA 94040.
650/903-6404
hperezalonso@norcalasa.org

MONTEREY/SANTA CRUZ

SAN BENITO
Manuel Gomez
320 Lincoln Avenue
Salinas, CA 93901
831/869-8521
831/758-7939
mgomez@norcalasa.org

HUMBOLDT/SISKIYOU/TRINITY

DEL NORTE
Mike Blondino
650-533-0864
mblondino@norcalasa.org

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

Jake Preston
545 Vallombrosa Avenue, Chico, CA 95926
530/895-4711 / 530/895-4721 - fax
jpreston@chicorec.com

SUTTER/ NEVADA/YUBA/YOLO/SIERRA

Ann Gillen
1201 Civic Center Blvd., Yuba City, CA 95991
530/822-4649
530/822-4694 fax
agillen@yubacity.net

**NOR-CAL ASA - JUNIOR OLYMPIC "B"
TRAVEL TEAM REGISTRATION 2010**

TEAM NAME: _____ AGE CLASSIFICATION: _____

CATEGORY OF ELIGIBILITY: REC _____ RURAL _____ HIGH SCHOOL _____ (5 MAX.)

IF HIGH SCHOOL PLEASE INCLUDE NAMES: 1) _____ 2) _____

3) _____ 4) _____ 5) _____

WHICH ASA REGISTERED LEAGUE DO YOU BELONG TOO? _____

WHAT COUNTY DOES YOUR LEAGUE PLAY IN? _____

NUMBER OF TEAMS IN LEAGUE: _____

NUMBER OF PLAYERS IN LEAGUE: _____

HAS ANY OF YOUR PLAYERS PLAYED IN ANY OTHER ORGANIZATIONS (EX: USSSA, NSA, ETC) _____

HAS ANY OF YOUR PLAYERS PLAYED FOR AN "A" TEAM IN 2010? _____

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 AND COPY OF NEWSPAPER NOTIFICATION
--

DATE TEAM WAS SELECTED: _____

DATE OF TEAM 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 14 2010 J.O. Handbook.
2. The president/chief administrator shall notify the local J.O. Commissioner or his/her representative of any possible infractions.

LEAGUE PRESIDENT (print): _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (H) _____ (W) _____ (CELL) _____

EMAIL ADDRESS: _____ (FAX) _____

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 A.S.A. 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 14 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 A.S.A. play. We further state as the manager and league president for said team, and after being duly sworn, depose and say 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" Championship play of the Pacific Coast Region of the Amateur Softball Association and we agree to be bound by the rules and regulations of the A.S.A. and Pacific Coast Region as listed in the J.O. Handbook and in the A.S.A. Code.

MANAGER'S NAME (print) _____

MANAGER'S ADDRESS _____

CITY: _____ ZIP: _____

PHONE (H) _____ (W) _____ (CELL) _____

EMAIL ADDRESS: _____ (FAX) _____

It is MANDATORY for All Travel Team Manager, Coaches OR Any Adult in the dugout to be certified through the ACE Coaching Clinic. ACE Certifications will include Background Checks.

SIGNATURE OF TEAM MANAGER _____
Date

**SIGNATURE OF LEAGUE PRESIDENT
OR CHIEF ADMINISTRATOR:** _____
Date

SIGNATURE OF AREA DISTRICT COMMISSIONER _____
Date

Area District Commissioner Phone: _____

**Please direct your mail to Sandy Scott, Office Manager:
NOR CAL ASA - P. O. Box 2829, Fair Oaks, CA 95628
916-962-1631 phone – 916-962-1634 fax
Email: sscott@norcalasa.org**