

1033 Kinne Street  
East Syracuse, NY 13057  
Web: [carrierpark.org](http://carrierpark.org)  
Email: [carrierpark@townofdewitt.com](mailto:carrierpark@townofdewitt.com)



Carrier Park...more than you think!

## Carrier Park Field of Dreams 2020 Tournament Registration Form

### Tournament(s) Requesting

\_\_\_\_\_ May 23-24: 14U Field of Dreams Frenzy      \_\_\_\_\_ July 4-5: 14U Independence Play Tourney  
\_\_\_\_\_ June 13-14: 12U Field of Dreams Frenzy      \_\_\_\_\_ July 25-26: 16U Carrier Classic  
\_\_\_\_\_ June 20-21: 10U Father's Day Slug Fest      \_\_\_\_\_ Aug. 1-2: 14U Carrier Classic  
\_\_\_\_\_ June 27-28: 16U Field of Dreams Frenzy      \_\_\_\_\_ Aug. 8-9: 10U/12U Carrier Classic

**Tournament Fee: \$550**

(\$50 discount if registering for multiple tournaments)

4 Game Minimum (Weather Permitting) – Games 90 Minutes (Finish Inning)

---

### Team Information (PLEASE PRINT CLEARLY)

Age Group \_\_\_\_\_ Team Name \_\_\_\_\_

Manager/Head Coach Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Is your team available to play on Friday evening if applicable? \*\* \_\_\_\_\_ Yes \_\_\_\_\_ No

### Additional Team Information (Complete only if registering multiple teams)

Age Group \_\_\_\_\_ Team Name \_\_\_\_\_

Manager/Head Coach Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Is your team available to play on Friday evening? \*\* \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*Choosing Yes or No does not guarantee a Friday or No Friday game, but effort will be made to accommodate. Does not apply to 10U/12U.**

1033 Kinne Street  
East Syracuse, NY 13057  
Web: [carrierpark.org](http://carrierpark.org)  
Email: [carrierpark@townofdewitt.com](mailto:carrierpark@townofdewitt.com)

Carrier Park...more than you think!



## Waiver

**NO MEDICAL INSURANCE IS CARRIED BY THE TOWN OF DEWITT FOR PROGRAM PARTICIPANTS. TEAMS MUST PROVIDE PROOF OF INSURANCE IN ORDER TO PARTICIPATE IN EVENT.**

In consideration of your accepting this registration, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Parks and Recreation Department, the Town of DeWitt Parks and Recreation Commission, and all sponsors, representatives, successors and assigns, for any and all injuries suffered by my child in said program.

**Manager/Head Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Registration Information

**Send completed roster, registration form and proof of insurance to:**  
Town of DeWitt Recreation, 5400 Butternut Drive, East Syracuse, NY 13057

## Payment Options

- 1) Include a check made out to *Town of DeWitt* with your paperwork **OR**
- 2) After your registration is processed, you will receive an electronic invoice to be paid by \*credit card. **\*A 3.09% service fee will be applied to all credit card transactions.**

## General Information

The Manager/Head Coach listed will be considered the contact person for the team and will be the only person to receive information from the Carrier Park staff regarding competition.

The Manager/Head Coach must sign the waiver on this form.

An official USA Softball Roster Form must be submitted with the team registration form. Each team must also submit proof of insurance.

**ROSTER WILL BE LOCKED ONCE THE GIVEN TOURNAMENT BEGINS.** No one may be added to the roster at any time without a signed pick up player form. Any team that allows someone to play without a signed waiver will forfeit the remainder of their games.

The Manager/Head Coach is responsible for payment of the team for the corresponding league amount. Registration fees are due 2 weeks prior to the tournament.

Teams may register until the registration deadline or until age groups are full (whichever occurs first).

Registration after the deadline is not guaranteed. All payments are nonrefundable.