



USA Softball of Northern California
Vince DeFriese, Commissioner

vdefriese@norcalusasoftball.org ✦ www.norcalusasoftball.org

Thank you for inquiring about registering your team & players for the **Nor Cal USA Softball Junior Olympic "B" Travel Program** for the 2023 Season.

The purpose of the Nor Cal USA Softball Junior Olympic "B" Program is to provide a Recreational Program of Championship Tournament play for Recreational League All-Star Teams registered with Nor Cal USA Softball. 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 USA Softball want to ensure that all Junior Olympic "B" Teams are following the Pacific Coast Region 10 Junior Olympic Guidelines. **Therefore, we are requiring this Registration Form be completed and approved by Nor Cal USA Softball before registering your Players/Managers/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 USA Softball "B" Program must be individually registered through Northern California. You will need to go to the USA Softball registration website at www.registerusasoftball.com to register your Players/Managers/Coaches. Photo I.D. Cards can be ordered at the same time. **Your registration request will not be approved until the Nor Cal USA Softball 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 and Western National Championships). Photo I.D. Cards which are acceptable: DMV License or Identification Card, Photo Passports within two (2) years or the USA Registration Photo ID cards. Digitally printed ID's are acceptable. You can purchase colored credit card like photo identification cards at www.registerusasoftball.com.

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

SAN MATEO COUNTY

Tim Barry
650-642-1473

tbarry17@yahoo.com

NAPA/SOLANO

Mike Machado
707-241-5334

m2315@aol.com

MARIN/SONOMA/MENDOCINO/LAKE

Sean Beaton
707-478-0746

northbaysoftball@comcast.net

SANTA CLARA

Gary Catalano
408-981-9321

gcatalano@norcalusasoftball.org

MONTEREY/SANTA CRUZ

SAN BENITO

Tina Garza
831-902-7415

tina.garza@hollister.ca.gov

HUMBOLDT/SISKIYOU/

TRINITY DEL NORTE

Vanessa O'Laughlin
510-703-8352

voloughlin@norcalusasoftball.org

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

Mark McDaniel
209-495-7148

mmcdaniel@norcalusasoftball.org

SUTTER/ NEVADA/YUBA/YOLO/SIERRA

Vince DeFriese
650-222-8503

vdefriese@norcalusasoftball.org

ALAMEDA/CONTRA COSTA

Vanessa O'Laughlin
510-703-8352

voloughlin@norcalusasoftball.org

NOR CAL USA SOFTBALL - JUNIOR OLYMPIC
“B” TRAVEL TEAM REGISTRATION 2023

TEAM NAME: _____ AGE CLASSIFICATION: _____

CATEGORY OF ELIGIBILITY: REC LEAGUE _____ RURAL _____ HIGH SCHOOL _____

WHICH REGISTERED LEAGUE DO YOU BELONG TO? _____

WHAT COUNTY DOES YOUR LEAGUE PLAY IN? _____

NUMBER OF TEAMS IN THIS AGE CLASSIFICATION IN YOUR LEAGUE: _____

NUMBER OF PLAYERS IN THIS AGE CLASSIFICATION: _____

HAVE ANY OF YOUR PLAYERS PLAYED IN ANY OTHER ORGANIZATIONS (EX: USSSA, NSA, PGF, etc) _____

HAVE ANY OF YOUR PLAYERS PLAYED FOR AN “A” TEAM IN 2023? _____

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 OR WEB SITE POSTING

DATE TEAM WAS SELECTED: _____

DATE OF TEAM'S 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 10 current version of the J.O. Handbook.
2. The President/Chief Administrator shall notify the local District Commissioner or his/her representative of any possible infractions.

LEAGUE PRESIDENT (Print): _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE _____

EMAIL ADDRESS: _____

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 USA Softball 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 the Pacific Coast Region 10 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 USA Softball play. We further state as the Manager and League President for said team 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" Program of Pacific Coast Region 10 USA Softball and we agree to be bound by the Rules and Regulations of USA Softball and Pacific Coast Region 10 as listed in the J.O. Handbook and in the USA Softball Code.

MANAGER'S NAME (Print) _____

MANAGER'S ADDRESS _____

CITY: _____ ZIP: _____

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

EMAIL ADDRESS: _____ (FAX) _____

It is MANDATORY for All Travel Team Managers, Coaches OR Any Adult in the dugout or the field of play to be certified through the ACE and Safe-Sport Coaching Education Programs. ACE will include Background Checks.

SIGNATURE OF TEAM MANAGER _____ Date

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

SIGNATURE OF DISTRICT COMMISSIONER _____ Date

(Must have signature before team will be approved)

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