



*2nd Annual  
Bryson Memorial  
Softball Tournament  
Entry Packet*

*Welcome,*

*Thank you for joining the El Medio Firefighter's Association in honoring Captain Jeremy Bryson and his service to the community. We sincerely appreciate your participation and look forward to another outstanding tournament this year.*

*An added feature of this tournament is the concept of family. Family was important to Jeremy; and is important to each member of the association. For this reason, we are again planning several activities for the kids.*

*This year's tournament proceeds have been designated to assist EMFFA with the purchase of additional rescue equipment, fire vehicle maintenance, training and station upgrades.*

*Please review this packet, fill out the entry form and any necessary Parental Consent forms. Return completed forms and entry fee of \$150, by September 28<sup>th</sup>, to:*

El Medio Firefighter's Association  
C/O Bryson Memorial Softball Tournament  
3515 Myers Street  
Oroville, CA 95966

*Schedule of events:*

- 1. Opening ceremonies on Saturday at 7:30 a.m. Game time begins at 8:00 a.m.*
- 2. Game time begins on Sunday at 9:00 a.m., until complete!*

*Thank you once again. Good Luck, and we sincerely hope that you and your families have a great time.*

*Donald Robinson*

*Donald Robinson  
President  
EMFFA*



*2nd Annual  
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Softball Tournament  
Tournament Rules*

- Rules according to Amateur Softball Association (ASA) except as noted for tournament rules...
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- **Umpire decisions are final.**
  - Any appeal must be filed and notification made prior to continuance of play
  - All appeals shall be decided by Lead Umpire & Admin Committee
  - Each game shall have two (2) umpires; Championship Game(s) shall have 3 umpires.
- Teams supply own equipment – Official Softball.
- Each team must consist of at least 5 men & 5 women. A team may choose to play with 6 women & 4 men. **NO MINORS UNDER THE AGE OF 15.**
- Teams will be allowed to bat lineup; however all batting orders must be male/female, female/female, or female/male.
  - If a team is short a female in the batting lineup that position is an out.
  - Team's short female in the field must play one player short.
  - Infield players must consist of at least 3 females...
    - Positions do not have to alternate
- Games shall be 1 hr. or 7 innings, whichever occurs first. There will be a 15 minute break between games.
  - In the event of a tie; game continues until the tie is broken
  - The 10 run rule will be in affect, after the 5<sup>th</sup> inning
- Championship game(s) shall be 7 innings.
  - In the event of a tie; game continues until tie is broken
- Home & Visitor's teams shall be decided by coin toss prior to each game.
  - Championship Game – Winner's Bracket is Home team.
- Strike Plate/Mat shall be used. Any part of the ball touching any part of the "Plate/Mat" shall be declared a strike.
  - Pitchers arc – 6' minimum – 12' Maximum (ASA Rules)
- Male players being walked may advance to 2<sup>nd</sup> base.
- Runners advancing from home must use "Home Base Lines." Any runner advancing to home and touching home plate will be declared "Out."
  - Runners advancing from home may not return to 3<sup>rd</sup> base once they have passed the "Commitment Line."
- Sliding will be allowed; however, avoidable collisions will not be tolerated.
- HOME RUNS –
  - Alternating Rule
  - Once a team has hit 3 home runs, any home run after shall be declared an "Out."
  - Once the other team has hit 3 home runs, home run count shall begin again.
- Players with physical limitations may use a runner starting from home plate.
- Foul language not allowed.
- Basic scorekeeping. Stats not provided.



*2<sup>nd</sup> Annual  
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Entry Form*

Team Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Team Captain: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<b>Plyr</b>	<b>Player Name (Printed)</b>	<b>Player Signature</b>	<b>Gender/Age</b>	<b>Contact #</b>	<b>Date</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

By signing this entry form, each player releases El Medio Fire Protection District, El Medio Fire Department, El Medio Firefighter's Association, Feather River Parks & Recreation District, Bryson Family (entire) and/or any official/sponsor/person not named in this affidavit from any and all liability due to injury(s) that may occur before, during, or after as a result of playing in this tournament. **ALL PERSONS UNDER THE AGE OF 18 MUST HAVE A RELEASE OF LIABILITY SIGNED BY PARENT/GUARDIAN IN ORDER TO PLAY. THIS RELEASE MUST BE ON FILE WITH TOURNAMENT ADMIN PRIOR TO PLAYING IN ANY GAME OF THIS TOURNAMENT!!**



*2nd Annual  
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Parental Consent Form*

**Please complete the following, sign and return with Team Entry form. There MUST be Consent form for each person under the age of 18 on file with Tournament Administration that will play in the Bryson Memorial Softball Tournament prior to the beginning of any game that the minor shall play in.**

**Name of Child** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent/ Guardian** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip Code** \_\_\_\_\_

**Tel (day):** \_\_\_\_\_ **Tel (evening):** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Doctor's Tel No** \_\_\_\_\_

Does your child suffer from any medical conditions/allergies that the TEAM/TOURNAMENT should be aware of (including any current medication)? If yes, Please list...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency contact details:** (If different from above)

**Name:** \_\_\_\_\_ **Telephone no:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**CONSENT (please read carefully)**

**I agree to my son/ daughter taking part in the Bryson Memorial Softball Tournament.**

- a) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above; and is physically able to play in this tournament.
- b) I consent to my son/daughter being transported by ambulance, in the event of injury. I understand that no medical treatment shall be administered without my authorization unless deemed by medical personnel to be of an emergency nature.
- c) By signing this entry form, each player releases El Medio Fire Protection District, El Medio Fire Department, El Medio Firefighter's Association, Feather River Parks & Recreation District, Bryson Family (entire) and/or any official/sponsor/person not named in this affidavit from any and all liability due to injury(s) that may occur before, during, or after as a result of playing in this tournament.

**Signature Required** \_\_\_\_\_ **(Parent/ Guardian) Date:** \_\_\_\_\_