



# 2026 Fall Softball League Registration



**ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF THE CAPITAL CITY SOFTBALL RULES, TEAM MANAGER RESPONSIBILITIES, AND THE ATHLETIC CODE OF CONDUCT**

I acknowledge that I received a copy of the above mentioned items either via email from the Athletics Office or off the website, [www.capitalcityathletics.com](http://www.capitalcityathletics.com), for the Fall Season of 2026. I understand that I am personally responsible for reading and abiding by these procedures and the standards of behavior contained therein, including any revisions that are emailed to me.

I am responsible for my team's actions & will ensure they abide by these procedures and standards of behavior.

As indicated by my signature below, I agree to accept, endorse, and abide by these and all City of Austin policies, guidelines, and procedures.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Registration:** August 10<sup>th</sup> – September 4<sup>th</sup>, 2026

**League:** 8 game schedule, play begins the week of September 21<sup>st</sup>

**Registration Site:** 515 S. Pleasant Valley Rd, 78741 Hours: Monday-Friday; 9am-6pm

**Entry Fees:** COA Resident \$399 or, \$419 includes \$20 USA Softball sanction fee if playing for the first time in 2026. Sanction Fee will be charged if you change your team's name; or when a team changes its name during the 2026 calendar year. COA Non-Resident \$431 or, \$451 includes \$20 USA Softball sanction fee if playing for the first time in 2026; or when a team changes its name during the 2026 calendar year. Payable to the City of Austin. All major credit cards accepted. No cash or personal checks.

**Refund Policy:** No refunds for teams dropping out of the league after 5pm on September 8<sup>th</sup>.

**Notes:** The Athletics Office will make every effort to accommodate special requests; however, no guarantees can be made. There may be a need to combine leagues or adjust the number of games without notice. The Athletics Office reserves the right to move your team to an alternate night, group, division, or area if necessary. **\*Teams winning the league must move up into the next higher division.**

**Credit Policy:** Should circumstances prevent games from being played or rescheduled, you will receive a \$49 credit per un-played game. Credits can be used towards league registration, shirts & softballs.

**Divisions:**

|                           |                                                                 |
|---------------------------|-----------------------------------------------------------------|
| <b>Recreational - 0HR</b> | <b>*Beginner teams only / Low Level (<u>NO SANDBAGGERS</u>)</b> |
| <b>Novice - 1HR</b>       | Moderate Intensity Level                                        |
| <b>Intermediate - 2HR</b> | High Intensity Level                                            |
| <b>Advanced - 3HR</b>     | Competitive Level                                               |

**Registration Form:** Submit completed entry; only forms with payment will be processed. Indicate night, division, and area preferences in order with a 1, 2 and 3. Call the Athletics Office prior to the deadline to confirm entry process. PARD Athletics will not tolerate racist, sexist, or otherwise demeaning names for teams. We reserve the right to remove a team name we deem inappropriate.

**ADA:** The City of Austin is proud to comply with the Americans with Disabilities Act. If you require special assistance for participation in our program or use of our facilities call 512-978-2670.

**Web:** Web site: [www.capitalcityathletics.com](http://www.capitalcityathletics.com) Email: [PARDAthletics@austintexas.gov](mailto:PARDAthletics@austintexas.gov)

Athletics Office  
515 S Pleasant  
Valley Rd  
Austin, TX 78741

Email Us:

[PARDAthletics@austintexas.gov](mailto:PARDAthletics@austintexas.gov)

Phone: 512-978-2670

Rainout: 512-978-2680



## 2026 Fall (8 GAME) SEASON - SOFTBALL TEAM REGISTRATION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                           |  |                                                                 |  |                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------|--|-----------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|
| <b>Team Name:</b> <input style="width: 90%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                           |  |                                                                 |  | <u>Office Use Only</u><br><b>Date:</b> _____<br><b>Initial:</b> _____<br><b>Amount:</b> _____<br><b>Conflicts:</b> _____ |  |
| <b>Manager:</b> <input style="width: 90%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                           |  |                                                                 |  |                                                                                                                          |  |
| <b>Address:</b> <input style="width: 90%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                           |  |                                                                 |  |                                                                                                                          |  |
| <b>City:</b> <input style="width: 80%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | <b>Zip Code:</b> <input style="width: 20%;" type="text"/> |  |                                                                 |  |                                                                                                                          |  |
| <b>Cell/Hm Phone:</b> <input style="width: 80%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <b>Wk Phone:</b> <input style="width: 20%;" type="text"/> |  |                                                                 |  |                                                                                                                          |  |
| <b>Email:</b> <input style="width: 95%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                           |  |                                                                 |  |                                                                                                                          |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <b><u>NIGHT</u></b><br/>           Monday<br/>           Tuesday<br/>           Wednesday<br/>           Thursday<br/>           Friday         </div> <div style="width: 20%;"> <b><u>GROUP</u></b><br/>           Men<br/>           Co-Rec         </div> <div style="width: 30%;"> <b><u>DIVISION</u></b><br/>           Recreational<br/>           Novice<br/>           Intermediate<br/>           Advanced         </div> <div style="width: 20%;"> <b><u>LOCATION</u></b><br/>           South (Krieg Fields)<br/>           North (Havins Fields)<br/>           Previous Record<br/>           Previous League #         </div> </div> |  |  |  |                                                           |  |                                                                 |  |                                                                                                                          |  |
| <b>Cardholder Name:</b> <input style="width: 90%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                           |  | <b>Expiration:</b> <input style="width: 50%;" type="text"/>     |  |                                                                                                                          |  |
| <b>Credit Card Number:</b> <input style="width: 90%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                           |  | <b>Verification #:</b> <input style="width: 50%;" type="text"/> |  |                                                                                                                          |  |