



# NIAA REGISTRATION

Early Registration Before September 6th, 2019: \$400.00

Welcoming Lunch and Player Check-In FRIDAY September 20, 2019 at the Soboba Sports Complex (COACHES & PLAYERS ATTENDANCE MANDATORY)

Rule #3: All players must show proof of Indian/Native Status/Enrollment:  
Examples of such include:

- **ORIGINAL TRIBAL ID**
- **ORIGINAL PROOF OF ENROLLMENT** with picture ID
- **ORIGINAL LETTER** from your Tribe (must include Tribal Letterhead) stating your affiliation with that Tribe and picture ID)

**WILL NOT ACCEPT** copies of ID or any documentation. **MUST BE ORIGINALS!!!**

**\*\*NIAA WILL NO LONGER ACCEPT DOCUMENTATION FROM PREVIOUS YEARS**  
(Original copies will be made by NIAA staff and returned to coaches at the end of your team's last game)

**\*\*ALL PLAYERS MUST BE REGISTERED AND CHECKED-IN PRIOR TO THE START OF THEIR FIRST GAME. NO EXCEPTIONS!!!**

**\*\*ENTRY FEE (\$400.00 BEFORE SEPTEMBER 6th/\$500.00 AFTER SEPTEMBER 6th) MUST BE PAID PRIOR TO THE START OF THE FIRST GAME**

No Personal Checks

Send Money Order or Cashier's Check Payable To:  
Soboba Band of Luiseño Indians

(Please include team name and NIAA softball on checks for accounting purposes)

Please Submit Registration Packet To:  
P.O. Box 487  
San Jacinto, CA 92583

**\*\*\*There will be an Opening Ceremony one hour prior to the start of the first game. All Players and Coaches are required to attend. Teams please bring Tribal Banners or Team Banners to represent your team; not mandatory but appreciated.**

*We have an access gate on our Reservation that you must check in at. All Players and Coaches must be at the field 30 minutes prior to game time to ensure that we stay on schedule.*



# REGISTRATION FORM

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

Coach Name (Contact): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

Enrolled Tribe: \_\_\_\_\_

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Assistant Coach: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

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

Enrolled Tribe: \_\_\_\_\_

Entry Fee Payment: \$400.00 (\$500.00 after September 6, 2019) Please circle one:  
Tribal Check                      Money Order                      Cashiers Check                      Cash

Make payable to: Soboba Band of Luiseño Indians

\*Cash payments can be made by Soboba's Accounting Department at the Tribal Administration  
Department  
No Personal Checks



## WAIVER & RELEASE FORM

I hereby waive, release and discharge any and all negligence liability claims against the Soboba Band of Luiseño Indians, Soboba Sports Complex, The Oaks, NIAA Softball Committee, its employees, agents and officers if property damage, personal injury, or death occurs as a result of participation in any activity at the Soboba Sports Complex, and The Oaks facility. This release discharges in advance Soboba Band of Luiseño Indians, Soboba Sports Complex, The Oaks, NIAA Softball Committee, its employees, agents and officers from any and all liability arising out of my participation on aforementioned activity. I understand, accept and acknowledge that this activity involves a risk of injury and death and I hereby assume all risks associated with my participation in aforementioned activity. I agree in indemnify and release the Soboba Band of Luiseño Indians, Soboba Sports Complex, The Oaks, NIAA Softball Committee, agents and officers free and harmless from loss, liability, damage, negligence, cost or expense which may occur due to my personal property damage, injury, or death sustained while participating in the 2019 Soboba National Indian Athletic Association Tournament.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND AND ACCEPT ITS CONTENTS. I ACCEPT THIS RELEASE OF LIABILITY AND MAINTAIN THAT IT IS A CONTRACT BETWEEN MYSELF AND THE SOBOBA BAND OF LUISEÑO INDIANS, SOBOBA SPORTS COMPLEX, THE OAKS, NIAA SOFTBALL COMMITTEE, ITS EMPLOYEES, AGENTS AND OFFICERS. I SIGN THIS CONTRACT OF MY OWN FREE WILL.**

***ONLY 15 AWARDS WILL BE DISTRIBUTED PER TEAM***

|     | PLAYER NAME (Please Print) | RESERVATION /TRIBE | ENROLLMENT NUMBER | SIGNATURE | MINOR CHECK ✓ | PICTURE ID ✓ |
|-----|----------------------------|--------------------|-------------------|-----------|---------------|--------------|
| 1.  |                            |                    |                   |           |               |              |
| 2.  |                            |                    |                   |           |               |              |
| 3.  |                            |                    |                   |           |               |              |
| 4.  |                            |                    |                   |           |               |              |
| 5.  |                            |                    |                   |           |               |              |
| 6.  |                            |                    |                   |           |               |              |
| 7.  |                            |                    |                   |           |               |              |
| 8.  |                            |                    |                   |           |               |              |
| 9.  |                            |                    |                   |           |               |              |
| 10. |                            |                    |                   |           |               |              |
| 11. |                            |                    |                   |           |               |              |
| 12. |                            |                    |                   |           |               |              |
| 13. |                            |                    |                   |           |               |              |
| 14. |                            |                    |                   |           |               |              |
| 15. |                            |                    |                   |           |               |              |
| 16. |                            |                    |                   |           |               |              |
| 17. |                            |                    |                   |           |               |              |
| 18. |                            |                    |                   |           |               |              |
| 19. |                            |                    |                   |           |               |              |
| 20. |                            |                    |                   |           |               |              |



**HELMETS ARE REQUIRED AT ALL TIMES!!!  
ASA RULES AND ISC PITCHING RULES WITH LAST OUT AND COURTESY RUNNER**

Coach (Print Name): \_\_\_\_\_

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

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Assistant Coach (Print Name): \_\_\_\_\_

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



## 2019 NIAA TOURNAMENT RULES

1. Most current ASA rules will apply (with modified pitching). Umpires will conduct the game in accordance with ASA rules and the Head Umpire will make all final decisions.
2. Games: 1 hour 30 minutes or 7 innings (whichever comes first) with an 8 run rule after 5 innings.
  - a. Tie Games: extra innings will be played to determine a winner with the International Tie Breaker in effect after 7 innings or after time has expired.
  - b. Coin flip will be used to determine Home Team in all games.
  - c. Championship Game: No time limit; seven full innings will be played.
3. All players must show proof of Indian/Native Status/Enrollment:
  - a. Examples of such will include: ORIGINAL Tribal ID's, ORIGINAL Proof of Enrollment with Picture ID, ORIGINAL Letters from your Tribe (must include Tribal letterhead) stating your affiliation with that Tribe and a picture ID. Will not accept copies of ID or copies of other documentation. MUST BE ORIGINALS!!!
  - b. **\*\*NIAA WILL NO LONGER ACCEPT DOCUMENTATION FROM PREVIOUS YEARS\*\*** (Original copies will be made by NIAA staff and returned to coaches at the end of your team's last game)
4. Enrollment Protest: Any coach has the right to request proof of Native status of any player prior to the start of any game. All protests must be made to the Official Scorekeeper and Umpires before the end of the game under protest. A \$200.00 Cash Protest Fee must be paid and is non-refundable, win or loss of the protest. NIAA Softball Committee will make final judgments on all protests.
5. Coaches, Managers, and players only allowed in dugouts.
6. Unsportsmanlike conduct will not be tolerated from any participants. Each team is responsible for their fans. Unacceptable language or unsportsmanlike conduct will not be tolerated. Violators will be asked to leave the ballpark.
7. There is an access gate on the Soboba Reservation that you must check in at. All Players and Coaches must be at the field 30 minutes prior to game time to ensure that we stay on schedule.
8. Players can only play for one team. All Players must be listed and registered for the team that they take the field with. All Players must be listed on their first game's roster.
9. Each team will be allowed to warm-up, as time permits.
10. Players aged under 17 must have written parental consent to participate. This form will be provided and a picture ID will be needed by the minor (see rule #3)
11. Helmets must be worn when batting and on the base paths. **NO EXCEPTIONS!!!**
12. Anyone can run for the pitcher and catcher who is listed on the roster. You are allowed one runner for anyone else however, the runner must be last out and only one per inning.
13. A Designated Player and a Flex Player may be used. There will be no EH (Extra Hitter) allowed. Only 9 players will be allowed to bat.
14. All Players need to be registered before the start of the first game, NO EXCEPTIONS!
15. DeBeer Clincher balls will be used for men's and women's games.

I, \_\_\_\_\_ (Coach's Name), understand and have read the 2019 NIAA Tournament Rules to my players and coaching staff. I agree to take responsibility for my teams actions and abide by all the rules set forth by the NIAA Committee.

\_\_\_\_\_  
(Coach's Signature)

\_\_\_\_\_  
(Team)



## MINOR Registration, Waiver & Release Form

Parent/Guardian Name: \_\_\_\_\_

Minors Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Enrolled Tribe: \_\_\_\_\_

I hereby waive, release and discharge any and all negligence liability claims against the Soboba Band of Luiseño Indians, Soboba Sports Complex, The Oaks, NIAA Softball committee, its employees, agents and officers if property damage, personal injury, or death occurs as results of participation in my activity at the Soboba Sports Complex, and The Oaks Facility. This release discharges in advance Soboba Band of Luiseño Indians, Soboba Sports Complex, The Oaks, NIAA Softball Committee, its employees, agents and officers from any and all liability arising out of my participation in aforementioned activity. I understand, accept and acknowledge that this activity involves a risk of injury and death and I hereby assume all risks associate with my participation in aforementioned activity. I agree in indemnify and release the Soboba Band of Luiseño Indians, Soboba Sports Complex, The Oaks, NIAA Softball Committee, agents and officers free and harmless from loss, liability, damage, negligence, cost or expense which may occur due to my personal property damage, injury or death sustained while participating in the **2019 Soboba National Indian Athletic Association Tournament**.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND AND ACCEPT ITS CONTENTS. I ACCEPT THIS RELEASE OF LIABILITY AND MAINTAIN THAT IT IS A CONTRACT BETWEEN MYSELF AND SOBOBA BAND OF LUISEÑO INDIANS, SOBOBA SPORTS COMPLEX, THE OAKS, NIAA SOFTBALL COMMITTEE, ITS EMPLOYEES, AGENTS AND OFFICERS. I SIGN THIS CONTRACT OF MY OWN FREE WILL.**

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

MINOR NAME (PRINT): \_\_\_\_\_

MINOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Helmets are required AT ALL TIMES!\*\***