



City of San Ramon Adult Softball League | Spring 2026



Thank you for your interest in the City of San Ramon’s Adult Softball League. Please review the provided league information. If you have any questions, please contact the League Director, Jessica Pineda-Prieto, at JPineda-Prieto@sanramon.ca.gov or (925) 973-3205.

Spring 2026 League Information

- Season:** March 2 – May 8, 2026 (includes regular season and playoffs)
NOTE: No games April 6-10, 2026.
- Location:** Central Park Baseball Field 1 or Field 3 (subject to change)
- Games:** 8 regular season games + additional playoff games based on standings
- Teams:** Divisions typically consist of 4-6 teams, however may be expanded to accommodate additional teams if conditions allow.

Softball Divisions by Skill Level:

- Division 1:** Advanced / Competitive
- Division 2:** Intermediate Recreational
- Division 3:** Beginner / Novice Recreational

DIVISION	LEAGUE #	NIGHT	TEAM FEE	# GAMES	GAME TIMES	AGES
Men’s D2	33799	Monday	Team Fees are based on team makeup: Resident: \$784 SR Sponsored: \$882 Non-Resident: \$980 Early Bird Discount: Save \$50 team fees when registering before 5:00pm on Jan 23, 2026.	8	6:20p, 7:30p, 8:40p	18+
Men’s D3	33804	Monday		8	6:20p, 7:30p, 8:40p	18+
Corporate Co-Ed D3	33805	Tuesday		8	5:15p & 6:30p	18+
Co-Ed D3	33806	Wednesday		8	6:20p, 7:30p, 8:40p	18+
Men’s D1	33807	Wednesday		8	6:20p, 7:30p, 8:40p	18+
Men’s D3	33808	Thursday		8	6:20p, 7:30p, 8:40p	18+
NOTE: Season schedules, including dates, game times and locations are subject to change due to rainouts and/or unforeseen circumstances.						

Team Fees

- San Ramon Resident Team:** Team made up of no more than 6 players that do not live in San Ramon
- San Ramon Business Sponsored Team:** Team that is sponsored and full team fees are paid for by a San Ramon business [business check or credit card]
- Non-Resident Team:** Teams made up of more than 6 players that do not live in San Ramon and are not sponsored by a San Ramon business.

Team Application Timeline

Team application submissions will be accepted starting Monday, January 12, 2026 at 8:30am through Monday, February 9, 2026 at 3:00pm.
NOTE: Team applications submitted in advance will not be accepted.

Team Application Process

Team applications are taken on a first come, first served basis. Completed applications can be submitted to the San Ramon Community Center (12501 Alcosta Blvd. San Ramon, CA 94583) or via email to Registration@sanramon.ca.gov.

Complete team applications must include;

- Completed Team Application
- An Official Team Roster with at least 13 players listed with information
- Completed Activity Registration form with Payment for Team Fees

Team Rosters

All players must be added to the online roster through Team Sideline and complete the online waiver prior to playing (Instructions for adding rosters will be sent to confirmed teams).

- All rosters must have complete player address and contact information
- Any players with incomplete information will be considered a non-resident
- Teams must carry a minimum of 13 players on their roster and can have a maximum of 20 players on their roster.
- **Players may be added or dropped up to the 5th game of the 8 game season.**
- Teams that register under the San Ramon Resident Rate cannot have more than 6 non-residents on their team roster at any point during the season. If a team carries more than 6 non-residents on their roster, they will be re-registered as a non-resident team and must pay the difference in fees.

NOTE: Players in the San Ramon Adult Softball League cannot play on multiple softball teams within the same division that play on the same night.

Player Interest List

The City of San Ramon maintains a list of individuals who are interested in joining a team. Managers are encouraged to take advantage of this list if they are in need of additional players.

Players who are interested in joining a team should email KBoggs@sanramon.ca.gov.

Team Managers Meeting

The date and time of the team managers meeting will be announced in advance of the season. Attendance is mandatory. League policies rules and game schedules will be distributed at this meeting. If a team manager cannot attend the meeting, they are responsible for sending a teammate in their place.

NOTE: All managers are responsible for knowing all the league policies and rules.

League Director Jessica Pineda-Prieto Contact: JPineda-Prieto@sanramon.ca.gov / 925-973-3246

The League Director is responsible for determining the number, classification and type of divisions offered. They are also responsible for moving teams divisions to provide a more balanced league.

Future Season Information

The 2026 Summer Adult Softball season will begin in June 2026. Information will be sent out to all current Team Managers in April and posted at www.SanRamon.ca.gov/Sports. Interested teams should reach out to the League Director to be added to the team interest list.



2026 Spring Adult Softball Team Application

Team Name: _____

Team Manager: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Team Asst. Manager: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Did the Team Play in a League Last Year? Yes _____ No _____

Where did the Team Play: _____ What Level: _____ Record: _____

How Many Seasons has the Team Played in San Ramon: _____

Please Indicate the Division your Team is Applying to Play in;

Co-Ed

- Co-Ed options: Tuesday Corporate Co-Ed (33805), Wednesday Co-Ed Division 3 (33806)

Men's

- Men's options: Monday Men's Division 2 (33799), Monday Men's Division 3 (33804), Wednesday Men's Division 1 (33807), Thursday Men's Division 3 (33808)

Please indicate the Team Type;

- Team Type options: Resident Team (\$784), SR Sponsored Team (\$882), Non-Resident Team (\$980) with Early Bird rates.

I hereby request placement of the above-named team in the City of San Ramon Adult Softball League. I understand that all participants on this team will abide by all rules and regulations set by the City of San Ramon Parks and Community Services Department. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid. I realize if my team has registered, been expected in the league, and then drops out of the league, I risk forfeiting fees paid.

I hereby certify that the above information is correct and understand that the League Director has the right to put my team in an appropriate league.

Manager's Signature _____ Date _____

2026 Spring Adult Softball Player Roster

Team Name: _____ League: _____

Manager's Name: _____ Asst. Manager's Name: _____

#	First & Last Name	Street Address	City	Zip	Phone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

The above roster is for the determination of resident/non-resident teams only.

All players must be added to the team's Team Sideline and complete the online waiver each season.

Team Managers will receive an email from Team Sideline prior to the season confirming your team has been registered.

Players must be added to the roster and complete the league's online waiver before participating in a game.

Should a player play in a game prior to being added to the online roster, the team will forfeit the game in question.

Activity Registration Form

Please Submit to: San Ramon Community Center at Central Park - 12501 Alcosta Blvd San Ramon, CA 94583 Fax: 925-830-5162 Tel: 925-973-3200

PLEASE PRINT & COMPLETE EACH LINE

Main Contact Name-Parent/Legal Adult Name

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Mobile Phone Carrier _____

E-mail: _____ **Registration form limited to family members only!**

To assure our programs benefit all who attend, please check if applicable:

 Please check here if the participant has Special Needs requiring special accommodations

 Please check here if the participant has a Life Threatening Medical Condition in order for staff to provide appropriate accommodations.

PARTICIPANT - First & Last Name (Use one line for each person or course)	CLASS TITLE	Activity #	Alternate Activity #	Birthdate (mm/dd/yy)	Current Grade	Male/ Female	Course Fee (\$)
1.							
2.							
3.							
4.							

Office Use Only: MC Name: First _____ Last _____	Total Course Fees
Refunds: Patron-requested refunds will be approved only if requested in writing no later than 7 days prior to the first day of program. All refunds will incur a processing fee of \$5 per transaction plus a credit card transaction fee is applicable. If approved, a refund will be issued within 3 weeks in the original form of payment.	Credit Card Fee 3.1% (\$2 minimum)
	Total Amount Enclosed

I have read and understand the refund policy and the following Waiver of Liability: This release is intended to discharge in advance the City of San Ramon, including all of its respective agents, officials, volunteers, sponsors and employees, from and against any and all liability arising out of or connected in any way with me or my child/legal guardian's participation in the above activities, even though the liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. I understand the inherent risks involved in participating in recreational activities including but not limited to terrain, facilities, temperature, weather, condition of participant, equipment, and lack of hydration. Furthermore, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute the City of San Ramon and any sponsor, or any affiliate organization for injury or damage resulting from active or passive negligence, carelessness or other acts, howsoever caused by any employee, agent or contractor of the City of San Ramon or its affiliates, as a result of my participation in the above activities. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby acknowledge that the above named minor has voluntarily applied to participate in the above activities. I agree to accept and abide by all rules and regulations of the event/program and the city of San Ramon. The City of San Ramon and its staff are authorized to use their discretion to secure the necessary emergency services for the participant at my expense. This includes, but is not limited to emergency treatment, paramedic services and ambulance services. I hereby grant permission to the City to release my email address to contract instructors, coaches, or other City program providers for City business purposes. I hereby grant permission to the City to take me or my child/legal guardian's photo while participating in activities or programs to use for publicity. I also waive and release the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 that occurs, or is alleged to occur, as a result of participating in any City-sponsored program. A signature is required by each adult participant registering on this form. One parent/legal guardian may sign for all minors. I understand that my signature is a legal and binding signature and will be considered original if received by electronic means.

Online Registration

Register or Check Course Availability Online:
www.SanRamonRecGuide.com

To Purchase Tickets:
www.SanRamonPerformingArts.com

Do Not Use This Form to Purchase Tickets
See Registration Information for details

Signature _____ Date _____
 Self Parent Guardian

Please complete credit card information section ONLY if mailing, faxing, or dropping off form.
 A 3.1% (\$2 minimum) convenience fee will be added per total credit card transaction.

Charge to my: MasterCard VISA American Express

Billing Address: _____ Amount: _____

Print name as it appears on card: _____ Authorized Signature: _____

Expiration Date: _____ CVC# _____ Card No. _____