MIDDLESEX COUNTY RETIREMENT LEAGUE 2025 REGISTRATION FORM

PLEASE PRINT CLEARLY: Last Name: _____ First Name: Street Address: City or Town: Zip Code: _____ Home Phone: _____ Uniform shirt size: _____ Email address: Did you receive league communications at this email address in 2024 YES NO (Circle One) **Date of Birth**: ______ Age on Dec. 31, 2025: _____ 1. Have you participated in the MCRL previously? YES NO (Circle One) 2. If you answered YES above, what team did you play on? Are you currently assigned to a team? 3. ** NOTE: all NEW players must submit a photocopy of both sides of their driver's license All players: Please read the following, and sign where indicated. The Middlesex County Senior Softball League will not accept registration forms not signed! STATEMENT OF DISCHARGE OF LIABILITY I sign this form as my Voluntary Act and by this act I agree to exclude the Middlesex County Retirement Softball League and all of its officers and League officials from any claims, suits or other actions arising from, caused by, or which are the alleged result of any Act or omission by the League. I agree to participate in League play in the Middlesex County Retirement Softball League at my own risk and any injuries which I may incur will be paid for through my own personal medical plan or from my own personal funds. This statement remains in effect as long as I participate in the Middlesex County Retirement Softball League or until I submit a written request to void this Statement of Discharge of Liability. I also certify that altered bats will not be used. I hereby certify that the above information is correct, and I realize that I am

League Registration Application Fee

Return completed form, with \$100 league fee (and copies of license if you are new to the league), to team manager or address shown below:

LEGAL SIGNATURE: _____ DATE:____

liable to be banned from MCRL for life if the information is found to be false.

MC Retirement League P.O. Box 7131 Freehold, NJ 07728