

UNION COUNTY SENIOR SOFTBALL LEAGUE

2019 REGISTRATION FORM

"Lets Play Ball and Have Some Fun"

PLEASE PRINT CLEARLY:

Last Name: _____ First Name: _____

Street Address: _____

City or Town: _____ Zip Code: _____

Home Phone: _____ Uniform shirt size: _____ number: _____

Email address: _____

Would you like to receive league communications at this email address in 2019? YES NO (Circle One)

Date of Birth: _____ Age on Dec. 31, 2019: _____

1. Have you participated in the UCSSL previously? YES NO (Circle One)

2. If you answered YES above, for how many consecutive years? _____

3. If you answered YES above, what team(s) did you play on?

(50's) _____ (60's) _____

4. Are you currently assigned to a team(s)? If so, what team?

(50's) _____ (60's) _____

**** NOTE: all NEW players must submit a photocopy of both sides of their driver's license ****

Cost for membership in the UCSSL (on one team)..... \$ 80.00

Total cost to play in both the 50's and 60's \$ 145.00

All players: Please read the following, and sign where indicated.

The Union 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 Union County Senior 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 Union County Senior 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 Union County Senior Softball League or until I submit a written request to void this Statement of Discharge of Liability.

I hereby certify that the above information is correct, and I realize that I am liable to be banned from UCSSL for life if the information is found to be false.

LEGAL SIGNATURE: _____ DATE: _____

**Return completed form, with payment (and copies of license if you are new to the league),
to your team manager.**