

# UCSSL 2025 REGISTRATION FORM

“Let’s Play Ball and Have Some Fun”

## PLEASE PRINT CLEARLY:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Would you like to receive league updates/communications at this email address in 2025? YES NO (Circle One)

Date of Birth: \_\_\_\_\_ Age on Dec. 31, 2025: \_\_\_\_\_

Participated in the UCSSL before? YES NO If you answered YES, for how many *consecutive* years? \_\_\_\_\_

Are you currently assigned to a team(s)? If so, which team(s)?

(50’s) \_\_\_\_\_ (60’s) \_\_\_\_\_

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

**\*\*We have changed the fee format for 2025. Please DO NOT send in or make checks out to UCSSL. Instead, contact your team manager for payment details. \*\***

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

The Union County Senior Softball League will not accept registration forms not signed!

**All forms must be signed by the player themselves. Signing a form for another player risks suspension from the league for both individuals.**

## STATEMENT OF DISCHARGE OF LIABILITY

I am fully aware of the inherent risks and hazards in connection with my participation in any UCSSL games, including illness, disability and deaths. I understand that this risk includes the exposure to or contraction of communicable diseases including COVID-19. I acknowledge that I am increasing my risk of exposure to COVID by participating in UCSSL games, practices, and meetings. I voluntarily assume the risk of any injury or illness, regardless of the severity including death that I may incur as a result of my participation. I understand that the assumption of risk includes, without limitation, risks associated with maintenance of fields, accessories, and equipment. I recognize that I am solely responsible for my decision to participate in UCSSL games. If I choose not to have a vaccine or vaccines before the season or at any time after it becomes available, I do so with the understanding that I assume all risks involved with that decision.

I agree to abide by all rules and regulations set forth by the Center for Disease Control (CDC), State of New Jersey Department of Health and UCSSL related to coronavirus and other communicable diseases.

I understand that if I travel outside the State of New Jersey to a designated “hot spot” or come in contact with a known COVID infected person I will be subject to quarantine restrictions. I agree that I will not participate in UCSSL practices or games during quarantine and will obtain a COVID negative test before resuming participation.

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 (and copies of license if you are new to the league)  
to your team manager or UCSSL Commissioner Marty Marks  
915 Timber Ridge Court  
Neptune, NJ 07753**