



**Emergency Contact:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Preferred Second Position:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ SS \_\_\_\_\_ P \_\_\_\_\_ C \_\_\_\_\_ OF \_\_\_\_\_

**3. Shirt Size:** (Circle One) SM M LG XL 2X 3X **Preferred Number:**

4. Our League plays each **Wednesday Night** from early April through about the third week in September. **How many** of these **nights** do you think you **may have to miss** this year? \_\_\_\_\_

In consideration of the acceptance of my application for registration in the Hanover Senior Softball League, I have and do hereby assume all risks connected with the Hanover Senior Softball activities. I hereby for myself, my heirs, executors, administrators and assigns, waive and release and discharge any and all rights and claims for damages and/or losses which I may have against the Hanover Senior Softball League, its officers, board members and/or agents, for any and all activities connected with the Hanover Senior Softball League. I understand the meaning of this Agreement and my signature hereon indicates that it is a voluntary act on my part.

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

**Mail** your completed Registration Form (both pages)  
and your check for \$70..00 (payable to Hanover Senior Softball)  
**To: Hanover Senior Softball League, P.O. Box 3361, Mechanicsville, VA 23116-3361**

## INFORMATION PAGE – Page 2

Print your name here: \_\_\_\_\_  
(This page will be separated from the first page)

- I. **Team Assignments:** We encourage each of you to be as flexible as possible concerning with whom you want to play. Playing with different folks each year can be an enriching and rewarding experience and many new friendships have been formed this way at HSS.

In forming our teams this year, HSS will follow the following priorities in the order listed:

1. **Immediate** - Family Members (Husbands, Wives, Sons, Daughters, Sisters, Brothers, corresponding In-laws and "Significant Others".)
2. **Equality/Parity** of team competencies. (Spreading out the talent)
3. **Sponsorship** - Player responsible for securing a sponsorship may be placed on that sponsor's team, if requested.
4. **New Player(s)** - First year player(s) may be placed with the person responsible for bringing them into the league, if requested.
5. **Significant Personal Needs** - (Need to carpool over long distances, etc.)

I **would like to** be assigned to the same team as the following players:

Player's Name	Relationship or Reason
1.	
2.	
3.	
4.	

I **prefer not to** play with the following players:

1.	2.
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- II. **Leadership/Participation:** Please indicate if you may be willing to serve HSS in some capacity: (Checking yes only obligates you to discuss the possibilities with a board member)

\_\_\_\_ **Yes**, I would like to discuss with someone how I may become more involved in the leadership of HSS. I am particularly interested in the following: (Check all that apply)

____ Tournament Food Committee	____ Team Manager	____ Fall Ball Committee
____ Tournament Committee	____ Board Member	____ Golf Committee
____ Banquet Committee	____ Rules Committee	____ Other/Not Sure
____ Team Assignment Committee		

- III. **Sponsors:** If you want to or know of a company that may want to be a team sponsor or otherwise donate to our league, please contact Kathy Walle at 804-852-3109 or email kathywalle@aol.com.

- IV. **Additional Suggestions/Comments/Concerns:**

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