

# HANOVER SENIOR SOFTBALL

2016 Registration Form

**Registration Deadline: March 1, 2016** 

**Please Print** 

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Ac	ldress Lin	ne 2:							
Ci	ty:					State	e: <u>VA</u> Zip:_		_
Сс	ounty:			_ (Note: Han	over Coun	ty Residents	s may be acce	epted before non-	county residents)
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En	nail Addre	ess:							
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En	nergency	Contact:					Phon	ne No:	
1.	Preferre	d Position	:			<b>(</b> If o	utfield, be s	pecific; LF, LC, I	RC, RF)
	Preferred	I Second I	Position						
2.	Other Po	sitions Ye	ou Can/V	Vill Play: (P	lease che	ck all that a	apply)		
	1	2	3	SS	P	C	OF		
3.		e: Order 1 erred Num			rmal size	. (Circle Or	ne) SM M	LG XL 2X	3Х

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?

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

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 <u>Registration Form</u> (both pages) and your <u>check for \$80.00</u> (payable to Hanover Senior Softball) To: Hanover Senior Softball League, P.O. Box 3361, Mechanicsville, VA 23116-3361

www.HanoverSeniorSoftball.org

# **INFORMATION PAGE – Page 2**

### Print your name here:

#### (This page will be separated from the first page)

Ι. **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.)

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

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

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

|--|

Leadership/Participation: Please indicate if you may be willing to serve HSS in some II. 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)

- \_\_\_\_ Team Manager \_\_\_\_ Board Member \_\_\_\_ Fall Ball Committee Tournament Food Committee \_\_\_\_ Golf Committee Tournament Committee Rules Committee Other/Not Sure
- \_\_\_\_ Banquet Committee

- \_\_\_\_ 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 Gary Duff at 804-730-1806 or email gaduff52@gmail.com.
- IV. Additional Suggestions/Comments/Concerns: