

HANOVER SENIOR SOFTBALL

2017 Registration Form

Registration Deadline: March 6, 2017 Please Print

Name: Last Nickname (Name you want to l		First		MI
Address Line 1:				
Address Line 2:				
City:				
County:				
Phone Nos: (Day)	(Evening) _		(Cell)	
Email Address:				
Date of Birth: (mm/dd/yy)				M F
Emergency Contact:			Phone No:_	
1. Preferred Position:		(If outfield	, be specific;	LF, LC, RC, RF)
Preferred Second Position:				
 Other Positions You Can/W 1 2 3 Shirt Size: Order your normal jersey this season. 	SS P	_ CC		polyester preshrunk
Shirts (Circle One) SM M 4. Our League plays each Wedi How many of these nights d	nesday Night from ear	ly April through		d week in September.
RELEASE AN	D WAIVER OF LIABIL	ITY AND INDE	MNITY AGRE	EMENT
In consideration of the acceptar have and do hereby assume a myself, my heirs, executors, admand claims for damages and/or officers, board members and/or League. I understand the meanact on my part.	Ill risks connected with ministrators and assign losses which I may agents, for any and a	n the Hanover ns, waive and re have against th Il activities conn	Senior Softba elease and di ne Hanover S nected with th	all activities. I hereby for scharge any and all rights Senior Softball League, its se Hanover Senior Softbal
Signature:		Da	ate:	

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Prin	t your name here:					
	(This page will be se	parated from the first page)				
l.	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:					
	 Immediate - Family Members (Husbands, Wives, Sons, Daughters, Sisters, Brothers, corresponding In-laws and "Significant Others".) Equality/Parity of team competencies. (Spreading out the talent) Sponsorship - Player responsible for securing a sponsorship may be placed on that sponsor's team, if requested. 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.)					
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	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	S:				
1.		2.				
II.	Leadership/Participation: Please indicate capacity: (Checking yes only obligates you to	if you may be willing to serve HSS in some 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 Committee I	Team Manager Fall Ball Committee Board Member Golf Committee Rules Committee Other/Not Sure				
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 Alan Prater at 804-869-9858 or email alanprater@yahoo.com.					
IV.	Additional Suggestions/Comments/Conc	erns:				