



## HANOVER SENIOR SOFTBALL LEAGUE

### 2019 Registration Form

**Registration Deadline: March 1, 2019**

Please Print

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

Nickname (Name you want to be called): \_\_\_\_\_

Address Line 1: \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ (Note: Hanover County residents may be accepted before non-county residents)

☐ Check here if you don't want your address made public in the league booklet.

PHONE #: (Cell) \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_ Current Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Preferred Position: \_\_\_\_\_ (If outfield, be specific: LF, LC, RC, RF)

Second Preferred position: \_\_\_\_\_

Other positions you can/will play: (Please check all that apply)

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ SS \_\_\_\_\_ P \_\_\_\_\_ C \_\_\_\_\_ OF \_\_\_\_\_

Shirt Size: **Order your normal size.** 50% cotton/50% polyester preshrunk jersey

Shirts (Circle One) SM M LG XL 2X 3X Preferred Number \_\_\_\_\_

Our league plays each **Wednesday Night** from early April through about mid-August. **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 Registration Form (both pages)  
and your **check for \$80** made payable to **Hanover Senior Softball League**  
to: **Hanover Senior Softball League, PO Box 3361, Mechanicsville, VA 23116-3361**

[www.HanoverSeniorSoftball.org](http://www.HanoverSeniorSoftball.org)

You will not be assigned to a team until payment is received.

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)
2. **Equality/Parity** of team competencies. (Spreading out the talent)
3. **New Player(s)** – Only one first year player may be placed on the same team with the person responsible for bringing them into the league, if requested.
4. **Significant Personal Needs** (Need to carpool over long distances, etc.)

Assignment requests meeting qualifications above (#1-4) should be noted below:

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

\_\_\_\_ **YES, I would like to be considered as a SUBSTITUTE PLAYER when another team is short players.**

**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)

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

**III. Sponsors:** If you want to sponsor or know of a company that may want to be a team sponsor or otherwise donate to our league, please contact Kenny Crouch at 804-543-9972 or email [kenny\\_crouch@yahoo.com](mailto:kenny_crouch@yahoo.com).

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

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*Refunds will only be considered if you have a season ending injury or death of an immediate family member.*