



HANOVER SENIOR SOFTBALL LEAGUE
2019 Fall Ball Registration Form
Registration Deadline: August 14, 2019

Please Print

Name: _____
Last First

Nickname (Name you want to be called): _____

Address Line 1: _____

City: _____ State: VA Zip Code: _____

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)

1st _____ 2nd _____ 3rd _____ SS _____ P _____ C _____ OF _____

Our fall ball league will play 7 weeks on **Wednesday Nights** from mid-September through October.

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 and your **check for \$20** made payable to
Hanover Senior Softball League
to: **Hanover Senior Softball League, PO Box 3361, Mechanicsville, VA 23116-3361**

www.HanoverSeniorSoftball.org

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