



HANOVER SENIOR SOFTBALL LEAGUE

Registration Form

Registration Deadline: March 1st

LEAGUE USE ONLY

Date Rec'd: _____

Amount Paid: _____

Check #: _____

Other: _____

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)

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 _____

_____ YES, I would like to be considered as a SUBSTITUTE PLAYER when a team is short players.

Shirt Size: Order your normal size. (Circle one) **SM M LG XL 2XL 3XL**
(50% cotton/50% polyester preshrunk jersey)

Our league plays each **Wednesday Night** from early April through 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.

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

Signature: _____ Date: _____

Mail your completed Registration Form and **check for \$85** made payable to
Hanover Senior Softball League, PO Box 3361, Mechanicsville, VA 23116-3361

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

www.HanoverSeniorSoftball.org

Name: _____

(This page is separated from the front 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.

The team formation committee will follow the priorities listed below in forming our teams:

1. **Returning player from LAST SUMMER.**
2. **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.
3. **Former Players** - Anyone who did not play in the regular summer season last year but has played with us in any of the past three (3) years, in either the regular season or the fall ball season, will be considered “former players” and will be assigned as needed.
4. **Immediate** – Family Members (Husbands, Wives, Sons, Daughters, Sisters, Brothers)
5. **Significant Personal Needs** (Need to carpool over long distances, etc.)
6. **Equality/Parity** of team competencies. (Spreading out the talent)
7. **Payment** - Anyone whose registration form or fee is received after the deadline will be assigned, if needed, based on league needs.

Assignment requests meeting qualifications above (#2-#5) should be noted below:

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

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 _____ 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 Barry Sutherland at 804-338-1850.

IV. Additional Suggestions/Comments/Concerns: