



HANOVER SENIOR SOFTBALL LEAGUE  
PO Box 3361  
Mechanicsville, VA 23116-3361

### Registration Form

Registration Deadline: March 1<sup>st</sup>  
Cost: \$85

#### LEAGUE USE ONLY

Date Rec'd: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Other: \_\_\_\_\_

Please Print

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

First Name

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

Are you new to the league? \_\_\_\_\_

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

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

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

Phone # (Cell) \_\_\_\_\_ Other #: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Other positions you can play: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ SS \_\_\_\_\_ P \_\_\_\_\_ C \_\_\_\_\_ OF \_\_\_\_\_

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

YES, I would like to be considered as a team manager.

Shirt Size: Order your normal size. SM M LG XL 2XL 3XL (50% Cotton/50% poly, preshrunk jersey)

Our league plays on **WEDNESDAY NIGHT** (early April through August) How many nights will you miss? \_\_\_\_\_

#### 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 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 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: \_\_\_\_\_

## INFORMATION PAGE – Page 2

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. **Travel Distance – 25 miles or longer for carpooling purposes.**
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

**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 HSSL. I am particularly interested in the following: (Check all that apply)

Rules Committee       Board Member  
 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 Donnie Crouch at 804.539.4662.

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