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|  |  2024 Tri-State Senior Softball Registration Form |  |

Name:

Nick Name: \_

Mailing/Home Address: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Contact Information: Home Phone: \_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

 Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Your age in 2024: \_\_\_\_\_\_\_\_

Field Position 1st Choice: Field Position 2nd Choice:

Circle your Shirt Size: S M L XL 2XL 3XL

Would you like a hat? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ (Hat expense will be contributed to TSSSL)

What % of games will you attend? Less than 50% 75% over 90% (Circle one)

 Do you have any physical disabilities that make the game of softball a challenge for you?

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Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you authorize the league to use your image/video for promotional purposes on its website and social media?\* Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_

**First practice will be held April 1st, 2024, weather permitting. Two games a week will be played at Marty Snook Park. Games start at 6:30 and will be scheduled on Monday, Tuesday or Thursday with make-up games played on Wednesday.**

**All players must read and agree to the rules listed on our web site. Registration fee of $60.00 MUST be paid prior to you practicing and can be paid at the first practice. NO EXCEPTIONS WILL BE MADE!!**

**If you withdraw your name prior to the draft your fee will be returned.**



**WAIVER, RELEASE AND ASSUMPTION OF RISK**

In consideration of my participation in the TRI-STATE SENIOR SOFTBALL LEAGUE, I hereby waive, release, and discharge all claims for damages of death, personal injury, or property damages which may occur because of my participation in the softball league or any activity incident thereto. This release discharges in advance WASHINGTON COUNTY, its officers, agents, servants, and employees (hereinafter referred to as “COUNTY “) from liability even though that liability may arise out of the COUNTY’S active or passive negligence or carelessness. I acknowledge that some recreational activities, including softball, involve an element of risk or danger of accidents, injury, and even death. Knowing these risks, I freely and voluntarily assume the risks of injury and or death and further promise not to sue or exercise any legal right to seek damages from the COUNTY. By this Agreement I also intend to waive, release and discharge all claims for personal injury, death, or property damage caused by the condition of the softball fields or any equipment thereon including bases, backstops, bleachers, or balls.

I certify that I have no medical condition that would cause participation in the Tri-State Senior Softball League to increase the risk of hazard to my health. I accept responsibility to provide or cause to be provided any such medical treatment that may be necessary or appropriate if I am injured while participating.

PLAYER NAME Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_ DATE:

**Safety Statement:** Only ASA approved bats are to be used during practice & games in the TSSSL. All bats must be inspected & approved by the Bat Committee & have a valid TSSSL ID tag on the bat prior to use in the TSSSL games, including any practice.

**Please make checks payable to TSSSL. Registration and Waiver Forms may be sent directly to:**

 **Tri-State Senior Softball League**

 **880 Commonwealth Ave**

 **Hagerstown, MD 21740**

 **Phone: 240-527-1920**

tsssl1@yahoo.com