

Boise Senior Men's Softball Registration

Fall Draft Season

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Year of Birth: _____

Email address: _____

Current skill level (1 best, 10 worst) _____

New League Player: (Y/N) _____

Circle position(s) you can play:

P C 1B 2B 3B SS LF LCF RCF RF DH

(New league players need to submit a Waiver form)

Check league(s):

Monday Night: 70+ league: _____ **Tuesday Night:** 60+ league: _____

Wednesday Night: 50+ league: _____ 65+ league: _____

(Some games start at 5:15 for 65+and 70+ draft league)

Submit form and payment before June 15th

\$60 for all players per Draft league played

**Please consider paying an additional amount for players who need financial assistance (\$5 minimum contribution): \$_____

Contact the Treasurer if you need assistance.

Send completed form and fees to:

Boise Senior Softball Association
Ted Dedden
10937 W. Olina Dr.
Boise, Id. 83709

Emergency Contact: Name: _____

Phone number: _____

*****By submitting this form, you are authorizing the sharing of your information with coaches**

Further information available on our website: <http://www.boiseseniorsoftball.org>

BOISE SENIOR SOFTBALL ASSOCIATION, INC. WAIVER

WAIVER, RELEASE, AND ASSUMPTION OF RISK: In consideration of my participation in the Boise Senior Softball Association, Inc, I _____(name) hereby waive, release, and discharge all claims for damages, death, personal injury, or property damage which may occur as a result of my participation in the softball leagues or any activity incident thereto. This release discharges in advance the Boise Senior Softball Association, Inc, their officers, agents, servants, committee members, employees, game officials and umpires (hereinafter referred to collectively as “Released Parties”) from liability even though that liability may arise out of the “Released Parties” 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, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from the “Released Parties”. 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 field, lights or any equipment thereon including, bases, balls, bats, mitts, helmets, or fences.

I understand that this WAIVER, RELEASE and ASSUMPTION OF RISK form will remain on file with the Boise Senior Softball Association, Inc, office and that it will apply to the current season as well as my participation in future seasons, practices, events, or tournaments associated with the Boise Senior Softball Association, Inc.

I certify that I have no medical condition that would cause participation in the softball leagues to increase the risk of hazard to my health. In addition, I authorize the “Released Parties” to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while participating in the softball leagues.

I have read and understand the rules and guidelines of the Boise Senior Softball Association, Inc, and agree to abide by them. I understand that failure to abide by them may result in my expulsion from the game and/or the Leagues.

Signature

Print Name

Date

Email