

# Palm Beach Senior Softball Association

## Registration Form..... Mid-Season 2012

Please complete the information below and mail with check to.....

PBSSA-ADMINISTRATION

12708 Via Ravenna

Boynton Beach, FL 33436

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_  
mm/dd/yr

Mailing Address \_\_\_\_\_

Local Address \_\_\_\_\_  
(if different from mailing address)

Local Telephone# \_\_\_\_\_ Cell Telephone # \_\_\_\_\_

Out of State Telephone # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE ARRIVING IN FLORIDA (for out of town players) \_\_\_\_\_ SHIRT SIZE Circle M – L – XL - XXL

*Players signing up after the start of the season may be placed on a WAIT LIST if they can guarantee regular attendance at league game. All players are eligible for the full pick-up game schedule.*

\_\_\_\_\_ WAIT LIST REQUEST

### Payment.....

Annual Membership Fee (ALL PLAYERS)	\$40.00 *	_____
“ “ “ (UMPIRES)	\$15.00	_____

*\* Membership fee includes \$5.00 Defibrillator fund assessment.....*

Total Registration Fee Enclosed \_\_\_\_\_ \*\*\*Status Checkoff \_\_\_\_\_  
Director's Use Only

### GENERAL RELEASE

I \_\_\_\_\_, hereby acknowledge and fully understand that I will be engaging in recreational activities that may involve a risk of serious physical injury, including permanent disability and death. I further acknowledge that there may be other risks and hazards incidental to such participation including transportation to and from program activities. I hereby forever waive, release and hold harmless, Palm Beach County, the Palm Beach Senior Softball Association (PBSSA), its independent contractors, volunteers, and/or participants from any and all claims arising out of bodily injury, loss of life, and/or all other damages to my person or property as a participant in the program. I agree and acknowledge that this release and Hold Harmless will apply and include any claims regardless of the League's own negligence. I understand that as a participant in a recreational program, accident insurance is not provided by the PBSSA. In the event of an emergency, I hereby authorize the transportation to and treatment by the nearest hospital staff or an Emergency Medical Services Unit. I further understand that the PBSSA retains the right to dismiss me from the program should my behavior endanger myself or others and/or is detrimental to the program or the program's intended purpose.

Agreed, acknowledged, and executed this \_\_\_\_\_ day of \_\_\_\_\_  
Month Year

Participant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

\*\*\*PLEASE NOTE ON THE OPPOSITE SIDE OF THIS REGISTRATION.....

(1) READ & SIGN CODE OF CONDUCT (2) COMPLETE EMERGENCY CONTACT INFORMATION