

Palm Beach Senior Softball Association

Registration Form..... Spring-Summer 2010

Pick-up Games Only

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 # _____

DATE ARRIVING IN FLORIDA (for out of town players) _____

E-MAIL ADDRESS _____

PBSSA WILL BE USING GROUP E-MAILS AS A MAIN SOURCE OF COMMUNICATION THROUGHOUT THE 2009-2010 SEASON. PLEASE MAKE SURE THE LISTING ABOVE IS EASILY READABLE AND CURRENT.

Payment.....

½ Season Membership Fee April –September
(ALL PLAYERS) \$15.00 _____

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

*** Please review & sign the
"CODE OF CONDUCT"
on the OPPOSITE SIDE
of this Registration***

Participant's Signature _____

Printed Name _____

Please review & sign the "Code of Conduct" on the OPPOSITE SIDE of this Registration*
If using the Web Site – download BOTH this application & the Code of Conduct