

**SUN LAKES SENIOR SOFTBALL ASSOCIATION
2011/2012 PLAYER APPLICATION**

**Please print below or complete this form on the
Organization Page our website:
<http://sunlakessoftball.com>**

Full Name: _____ Birth date: _____

Street Address: _____

City _____ St _____ Zip _____

Telephone: Home _____ Cell _____

I live in: SL #1 ___ CW/PV ___ IronOaks ___ Sunbird ___ Other _____

Email address: _____ Spouse: _____

Summer Address, if different from above:

Street Address: _____

City _____ St _____ Zip _____

Telephone: _____ Effective dates, if known: _____

Please indicate your interests:

<input type="checkbox"/> Tuesday-Thursday League (\$75/\$85 Non-Resident)	<input type="checkbox"/> Scorekeeping
<input type="checkbox"/> Summer Recreational Play (\$40)	<input type="checkbox"/> Managing league teams
<input type="checkbox"/> Monday-only Play (\$35)	<input type="checkbox"/> Operating the scoreboard
<input type="checkbox"/> Age Group Team, if selected	<input type="checkbox"/> Umpiring
<input type="checkbox"/> Ladies Team (\$35)	

I have been playing in the Sun Lakes league since: _____

**Official Waiver & Release of Liability & Indemnification Agreement
on the reverse side must be signed prior to participating in any activities
at the Sun Lakes Senior Softball Field of Dreams.**

FOR USE BY TREASURER:

Dues in the amount of \$ _____ were paid on _____ via check number _____.

******COMPLETE WAIVER ON BACK******
SUN LAKES SENIOR SOFTBALL ASSOCIATION
OFFICIAL WAIVER & RELEASE OF LIABILITY &
INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree and understand that I voluntarily, and of my own free will, elect to participate as a member of the Sun Lakes Senior Softball Association (SLSSA). I understand that there are certain risks and hazards involved in participating in softball including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with others and with stationary objects, all of which can cause serious injury or death to me and/or to other players. Further, I agree that in consideration of the right to play as a member of the SLSSA, I voluntarily elect or accept and solely assume all risks of damages, injury, including death, incurred or suffered by me while practicing and playing; while serving in a non-playing capacity; and, while on or upon the SLSSA field and premises. In addition, I release, discharge, and agree not to sue the SLSSA, any of its officers, board members or general members, the IronOaks Home Owners Association, or any of its officers or board members, for any damages, claims, or costs, or institute any cause of action which I have, or may in the future have, as the result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to, the negligence, breach of contract, or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs, including attorney fees. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

FOR TUESDAY & THURSDAY LEAGUE PLAYERS: I also understand that as a member of the SLSSA, I have made a commitment to my manager and teammates to play in as many scheduled games as possible. To the best of my ability, I will also accept various assignments such as managing teams, umpiring, scorekeeping and membership on various committees, as requested by the Board of Directors.

PRINT NAME: _____

Signature: _____ **Date:** _____