



2009 Over 40 Baseball Registration Form



Player Name _____

Address _____

City/State/Zip _____

Primary Phone _____ Cell Home Work

Secondary Phone _____

Email _____

Emergency Contact _____

Phone Number _____

Date of Birth _____ Age* _____

Male Female

Please include your \$100.00 Fee for registration
\$75.00 for returning players

Cash Check Credit

Make Checks Payable To: White Township

Note: Each player must register individually, provide team name (if known)

Teams will be allowed to sign a specific number of players on a team (to be determined by a preseason meeting) in order to help provide balanced teams; all other players will be ranked and drafted to complete teams. Please indicate below the names of the individuals you are signing up using space one to indicate the team caption.

Team Name _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 5. _____
- 6. _____
- 7. _____
- 8. _____

Desired Position: _____

Alternate Position(s): _____

Skill Level _____

* A likert-scale of 1-5 indicating skill level: 1(not so good) 5(excellent)

RELEASE

In consideration of White Township permitting my participation in an over 40 baseball league, I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which I may have, or which may subsequently accrue to me, as a result of my participation in this activity. This Release is intended to discharge in advance White Township, and its respective agents and employees from and against any and all liability arising out of or connected in any way with my participation in this activity, even though that liability may arise out of negligence or carelessness on the part of White Township, or its agents and employees.

I further understand that serious accidents occasionally occur during this activity and that participants in this activity occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of this activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless White Township, its agents and employees, mentioned above, who might otherwise be liable to me for damages.

(must be signed) RELEASOR

For Office Use only	Date Received _____	Fee Paid _____	Cash _____	Check _____	Signature _____
---------------------	---------------------	----------------	------------	-------------	-----------------