

Northern Allegheny County Senior Softball League

1. _____

Last Name
First Name
MI
Home Phone
2. _____

Street Address
Apt. Number
email address
3. _____

City/Town
Municipality
State
Zip Code
4. Sex: Male () Name of Spouse _____
5. Position Desired Infield () Outfield () Pitcher ()
6. Date of Birth _____

Month
Day
Year
7. In addition to playing, I am interested in committee service Yes () No ()
8. I have training in CPR () First Aid () Other _____
9. Shirt size: Small () Medium () Large () Xlarge () Pants: Waist Size _____
10. Please enclose a copy of your driver's license with your application.
11. New players entering the league:
 - a) Must attend a minimum of two evaluation sessions in order to play in the league
 - b) A new player that refuses to play for the team that drafts him, will not be permitted to play in the league for that year and the following year, after which, that player may enter the league through the draft and must play for the team that drafts him.
 - c) No player entering the league can select the team that he wants to play for.

I am a voluntary participant in SENIOR SOFTBALL and I assume all risks related to, and relieve the league, the team sponsors and League Officers and Board of Directors of any and all responsibility for my well being, and if my application is accepted, I will give the Northern Allegheny County Senior Softball League priority over any other league participation.

Date: _____ Signature of Applicant _____ Witness _____ Signature _____

In the event of emergency, please notify:

Name _____ Phone # _____ Relation _____

Name _____ Phone # _____ Relation _____

Name of Physician _____ Phone # _____

Please enclose your check payable to the NACSSL in the amount of \$100 with the application.