

TUESDAY MORNING SENIOR SOFTBALL LEAGUE

Starting April 2, 2024

La Vista Sports Complex • 7647 South 66th St. • LaVista, NE

PLAYER REGISTRATION FORM

Please **complete this entire form** (please print) and mail to:

Chris Shank • 2126 S. 61st St. • Omaha, NE 68106

or, deliver a check to Chris Shank for \$40.00 made payable to: **Tuesday Morning Senior Softball League**

Registration is now through March 22, 2024.

Last Name: _____ First Name: _____ DOB: ____/____/____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Playing Positions: ☐ P ☐ C ☐ 1B ☐ 2B ☐ 3B ☐ SS ☐ LF ☐ LCF ☐ RCF ☐ RF

I will be a Team Manager: ☐ YES ☐ NO I will serve as a Volunteer Umpire: ☐ YES ☐ NO

Player Commitment: I will commit to play in _____ of the first 10 games and _____ of the second 10 games for the 20 _____ scheduled games during the 2024 season.

REGISTRATION FEE IS ONLY \$40.00 FOR ALL PLAYERS

SPORTSMANSHIP RELEASE STATEMENT

My conduct, both on and off the field, will be positive and professional. I agree to (1) abide by the policies, guidelines, and rules of the **Tuesday Morning Senior Softball League**; (2) assist, when needed, in performing assigned duties in connection with League operations including volunteering to umpire; (3) accept the decisions of the team manager, umpires, and Board of Directors in good sportsmanship; (4) neither taunt nor degrade an opponent, teammate or umpire; (5) avoid body contact that may result in injury to others; (6) never direct abusive or profane language at officials or opponents; (7) exercise control over family members and friends as they relate to points 3, 4, and 6 above, and (8) not commit an act that would be considered unsportsmanlike conduct.

LIABILITY RELEASE STATEMENT

I voluntarily, of my own free will, elect to participate in the **2024 Tuesday Morning Senior Softball League**, including workout and training sessions. I understand and accept there are risks and hazards associated with softball that may result in injury or death, due to weather, playing conditions, equipment, a player's own actions and/or other participants.

My signature serves as acknowledgement and understanding of risks, rules and policies of the **Tuesday Morning Senior Softball League** and that all information provided by me is true and rendered in good faith. I agree, accept, and acknowledge the details within the **Player Liability Release Statement** which includes the risks associated with the sport and rules regarding conduct and behavior. Consequences of not adhering to League rules and policies may include removal from the Sports Complex or temporary or permanent suspension from the League.

By signing below, I hereby release any liability or damages associated with my voluntary participation in the League and its Board of Directors.

Print Name: _____ Signature: _____ Date: _____

EMERGENCY CONTACT

In case I incur a serious injury or illness while playing softball, promptly call 911 and also please contact the following person ASAP:

Name: _____ Relationship: _____ Phone: _____