2026 FALL BALL Player Registration Form

Please complete and return by 8/31/2026

_____ ____/_____/_____ _____

(First Name) (Last Name) (Birth Date) (Age) *

- *You must be 65 years of age by 12/31/2026 to participate in the CDSSL Fall Ball Session. Players may be required to show a valid driver's license or other form of identification.

_____

(Address) (City) (State) (Zip)

(Telephone) _____ (E-mail address)_____

League Managers use Text to communicate Game info. Please supply a Text number if you have one

(Text#) _____

(Emergency Contact Person) _____(Telephone) _____

If you're a new to CDSSL player, check here _____

There MAY be a skills assessment to determine new player assignments. Players will be contacted with time and dates.

Registration fee:

$25.00

Late registrants may be placed on a waiting list.

MANAGERS WANTED

We have a limited number of manager positions available for the Fall Ball Session.
If you are interested check here and someone will contact you. _____

The Fall Ball Session games will held on:
Sundays September 20 and 27 and then on Saturdays throughout October.

CDSSL Player Liability Release Form

• I voluntarily, and of my own free will, elect to participate in CDSSL from March 2026, to on or about October 31st, 2026. I understand that there are certain risks involved in participation that may result in injury as a result of weather, playing conditions, equipment and other participants. I accept and assume all risks connected with participation in Capital District Senior Softball.

- Softball Skills- I am familiar with the skills required to participate in softball (including batting, fielding, running, and throwing) and have satisfied myself that I am proficient in these skills.
- Health- I am in good health and have no physical conditions that would prevent me from safely participating in softball with the CDSSL.
- I am fully aware that CDSSL carries no medical insurance for any participants and that I am solely responsible for securing my own medical insurance.

• I hereby release and relieve all CDSSL elected officers, board of directors, managers and players, from any and all liabilities due to my injury, or loss of personal property resulting from playing, umpiring or participating in all softball activities. Liabilities include, losses, damages, claims, costs and expenses, reasonable attorney fees, due to or by reason of any personal injuries, property damage, or otherwise, sustained and/or incurred by any person or persons, player, umpires, participants, guests, spectators, attendants or users at any softball playing facility arising or caused as a result of my actions and conduct as a member of the CDSSL while participating in CDSSL softball activities.

• I further agree to indemnify and hold the Town of Clifton Park, its officers, employees, representatives and/or agents harmless with respect to any and all claims, causes of action, suits, proceedings, damages, liabilities, losses, costs and expenses, including third party claims or actions and attorneys' fees, in connection with loss of life, personal injury and/or any loss of life, personal injury and/or property damage which may arise from and as a result of the negligent acts or omissions of CDSSL or others associated in some way therewith, during or arising out of the use of any park facility located in the Town of Clifton Park, County of Saratoga, State of New York.

• I will conduct myself both on and off the field by:

(1) Abiding by all CDSSL and Town of Clifton Park Facility Rules.
(2) Accepting the decisions of Team Managers and umpires in good sportsmanship.
(3) Not taunting, degrading, or using abusive or profane language to an opponent, teammate, or umpire.
(4) Foul or offensive language or behavior in any context is never acceptable by any player.
(5) Avoiding bodily contact (that may cause injury to others) and physical altercations.
(6) Ejection from a game will result in your automatic suspension for your team's next game.
(7) I understand that any violations of these conditions will subject me to one or more of the following sanctions: suspension for one or more games, suspension for the current season and/ or lifetime expulsion from the League.

• I have read and understood all the provisions contained in this waiver, I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily.

Name: (Please Print) _____

Signature: _____ Date: _____/_____ /_____

Mail completed application to: CDSSL P.O. Box 231, Clifton Park N.Y. 12065

League website: www.cdseniorsoftball.com