

CAPITAL DISTRICT SENIOR

SOFTBALL, INC.

2024 Player Registration Form

Please complete and return by 3/31/2024

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

(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 player, check here _____

*You must be 53 years of age by 12/31/2024 to participate in CDSSL. Players may be required to prove their age with a valid driver's license or other form of identification.

There will be a skills assessment day and draft in April 2024 to determine new player assignments. Players will be contacted with time and dates as soon as weather conditions permit.

We will have a schedule that will allow us to play all of our usual games, including playoffs.

- Craig Division (Med-Pitch 65+) will still play all games on Saturday.
 - Falzo Division (Med-Pitch 53+) will play on Saturday with some Wednesday games.
 - Lozano Division (Hi-Arc 53+) will play their 2 weekly games on Monday, Tuesday, Thursday and Friday.
- This schedule MAY allow some players to play in both Lozano and Falzo Divisions OR Lozano and Craig (as appropriate.)

Registration: (Please make check payable to CDSSL)

___ I want to play in the Falzo division. I am enclosing a check for \$120.

___ I want to play in the Lozano division. I am enclosing a check for \$120.

___ I want to play in the Craig division. I am enclosing a check for \$100.

___ I want to play in BOTH the Falzo AND Lozano divisions. I am enclosing a check for \$240.

___ I want to play in BOTH the Craig AND Lozano divisions. I am enclosing a check for \$220.

CDSSL Player Liability Release Form

- I voluntarily, and of my own free will, elect to participate in CDSSL from April 2024, to on or about October 15th, 2024. 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.
- I hereby release and relieve all CDSSL elected officers, managers and players of, from any and all liabilities due to my injury, or loss of personal property resulting from playing, umpiring or participating in all softball activities.
- I agree to defend, indemnify and hold harmless the CDSSL and all of its elected officers, board of directors, managers, team reps and players from and against any and all liabilities, losses, damages, claims, costs and expenses, including but not limited to 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 will conduct myself both on and off the field by, (1) Abiding by all CDSSL 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. (Foul or offensive language or behavior in any context is never acceptable by any player.) (4) Avoiding bodily contact (that may cause injury to others) and physical altercations. 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 current season and/ or lifetime expulsion from the League.
- The COVID pandemic has caused changes in how groups such as CDSSL may gather. I agree to abide by any and all regulations that outside entities, such as the Town of Clifton Park or State of New York may impose on the league, and any regulations that the league may impose on its own.

I have read and fully understand this registration form, its contents, and all information contained herein. I further attest that all information given by me is true and my registration fee is enclosed.

Name: (Please Print) _____

Signature: _____ Date: ____/____/____

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

League website: www.cdseiorsoftball.com