

MIDDLESEX COUNTY SENIOR SOFTBALL LEAGUE 2011 REGISTRATION FORM

PLEASE PRINT CLEARLY:

Last Name: _____ First Name: _____

Street Address: _____

City or Town: _____ Zip Code: _____

Home Phone: _____ Uniform shirt size: _____

Email address: _____

Did you receive league communications at this email address in 2010? YES NO (Circle One)

Date of Birth: _____ Age on Dec. 31, 2011: _____

1. Have you participated in the MCSSL previously? YES NO (Circle One)

2. If you answered YES above, what team did you play on? _____

3. Are you currently assigned to a team? _____

**** NOTE: all NEW players must submit a photocopy of both sides of their driver's license ****

All players: Please read the following, and sign where indicated.

The Middlesex County Senior Softball League will not accept registration forms not signed!

STATEMENT OF DISCHARGE OF LIABILITY

I sign this form as my Voluntary Act and by this act I agree to exclude the Middlesex County Senior Softball League and all of its officers and League officials from any claims, suits or other actions arising from, caused by, or which are the alleged result of any Act or omission by the League. I agree to participate in League play in the Middlesex County Senior Softball League at my own risk and any injuries which I may incur will be paid for through my own personal medical plan or from my own personal funds. This statement remains in effect as long as I participate in the Middlesex County Senior Softball League or until I submit a written request to void this Statement of Discharge of Liability. I hereby certify that the above information is correct, and I realize that I am liable to be banned from MCSSL for life if the information is found to be false.

LEGAL SIGNATURE: _____ DATE: _____

Return completed form, with payment (and copies of license if you are new to the league), to team manager, or mail to: MCSSL