

Union County Senior Softball League

THE UCSSL IS A USA SOFTBALL ASSOCIATION SANCTIONED LEAGUE

70+ DIVISION 2025 REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME _____ D.O.B. _____ AGE _____
(on 12/31/2025)
ADDRESS _____ CITY/TOWN _____ ZIP _____
PHONE NUMBER(S): HOME _____ CELL: _____
Email ADDRESS: _____
INTERESTED IN MANAGING? Y ___ N ___ SHIRT SIZE: ___ S ___ M ___ LG ___ XL ___ XXL ___
XXXL

*** NEW PLAYERS ONLY ***

POSITION(S) PLAYED? _____ YOUR ABILITY: (based on average 70 yr. old ballplayer) A+ A B+ B C
(circle one)

New players must submit a photocopy of driver's license – both sides

Please sign below and mail, or scan & email to Rich.Grossberg@gmail.com (preferred method) or fax this form to **609-578-3200**. (Cover page not necessary)

* Also mail a check, with or without form, for **\$40.00** made out to "UCSSL" to:

Rich Grossberg
c/o UCSSL
1 Cricket Ct.
Monroe Township, NJ 08831

All players: Please carefully read the following, and sign where indicated.
The Union County Senior Softball League will not accept any registration forms not signed!

STATEMENT OF DISCHARGE OF LIABILITY

I am fully aware of the inherent risks and hazards in connection with my participation in any UCSSL games, including injury, illness, disability and deaths. I understand that this risk includes the exposure to or contraction of communicable diseases including COVID-19. I acknowledge that I am increasing my risk of exposure to COVID by participating in UCSSL games, practices and meetings. I voluntarily assume the risk of any injury or illness, regardless of the severity including death that I may incur as a result of my participation. I understand that the assumption of risk includes, without limitation, risks associated with maintenance of fields, accessories and equipment. I recognize that I am solely responsible for my decision to participate in UCSSL games. If I choose not to have a vaccine before the season or at any time after it becomes available, I do so with the understanding that I assume all risks involved with that decision.

I agree to abide by all rules and regulations set forth by the Center for Disease Control (CDC), State of New Jersey Department of Health and UCSSL related to coronavirus and other communicable diseases.

I understand that if I travel outside the State of New Jersey to a designated "hot spot" or come in contact with a known COVID infected person I will be subject to quarantine restrictions. I agree that I will not participate in UCSSL games during quarantine and will obtain a COVID negative test before resuming participation.

I sign this form as my Voluntary Act and by this act I agree to exclude the Union 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 Union 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 Union 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 UCSSL for life if the information is found to be false.

SIGNATURE: _____ DATE: _____