

# Capital District Over 50 Softball League

## 2014 Player Registration Form

(Please fill out completely and return to the address below)

_____	_____	____/____/____	_____
(First Name)	(Last Name)	(Birth Date)	(Age)
_____		_____	_____
(Address)		(City)	(State) (ZIP)
_____	_____	_____	
(Home Telephone)	(Cell Phone)	(E-mail Address-write clearly)	

**Emergency Contact Person:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Shirt Size:** \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX-Large \_\_\_ XXX-Large

\_\_\_\_\_ **Regular Player - \$90**

\_\_\_\_\_ **I would be interested in being a Manager for one of the League teams.**

\_\_\_\_\_ **Committees (put me on):** \_\_\_ Rules \_\_\_ Field \_\_\_ Other \_\_\_\_\_

Positions I play: \_\_\_P \_\_\_C \_\_\_1B \_\_\_2B \_\_\_3B \_\_\_SS \_\_\_LF \_\_\_CF \_\_\_RF \_\_\_SF

Positions I don't play \_\_\_P \_\_\_C \_\_\_1B \_\_\_2B \_\_\_3B \_\_\_SS \_\_\_LF \_\_\_CF \_\_\_RF \_\_\_SF

Any limitations: \_\_\_\_\_

League play is expected to start the 3<sup>rd</sup> Saturday in April with a 6 team (14 per team), 15 game schedule and playoffs. While we expect to accommodate all those who register, after we register 78 players, you will go on a wait list. Returning players will be given priority, but must register by **March 1<sup>st</sup>**. All players must be registered by **March 15<sup>th</sup>** so we can assign players to teams. We will send you more information (anticipated game schedule, location, rules, etc.) by email (those without email will have information mailed). Games will be played on Saturdays, except holiday weekends, primarily at the Department of Corrections Field in Albany, and at Nott Road Field and at other locations. Some games may be played on Sunday. The Annual Picnic will be held in June on a Saturday. An Open Registration and Placement (indoor) will be held in early March and again in April (outdoor).

We will try to equalize the teams as much as possible. No final decision will be made on the team selection process until after the registration deadlines. Some players will likely be on the same team, but numerous changes will be made to accommodate returning and new players. Requests to play on a specific team or with a specific player are considered, but we do not guarantee that, esp. if we do not receive your paid registration by the March deadlines. Complete the information below only if it applies:

\_\_\_ I want to play with \_\_\_\_\_

\_\_\_ I have no preference as to which team I play on or with whom.

We will do a bio, with or without your picture, in our program book, if you submit one. Check here if you want to participate \_\_\_ Yes (we will contact you to get the information) \_\_\_ No.

**Please make your check for \$90 payable to Capital District Over 50 Softball League (CDOFSL) and mail, along with the signed Player Liability Release Form. Return to:**

**Mike Connelly, President \* 3266 Marilyn Street \* Schenectady, New York 12303  
(518) 356-3745 or (518) 391-9405 Our email address is: [over50softball@verizon.net](mailto:over50softball@verizon.net)**

**CDOFSL 2013 Board of Directors  
Mike Connelly, President; Russ Weinlein, Vice-President  
Art Wise, Treasurer; Tim McCabe, Secretary**

## **2014 Adult Waiver/Release**

### **AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Capital District Over 50 Softball League athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Capital District Over 50 Softball League, their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Please print your name legibly here, then sign and date: \_\_\_\_\_

\_\_\_\_\_  
(Participant's Signature)

DATE \_\_\_\_\_