



PALM SPRINGS SR. SOFTBALL – AMERICAN LEAGUE
SUMMER 2022 SEASON PLAYER APPLICATION

PLAYER NAME _____ BIRTH DATE _____
BEST PHONE # (TEXT? Y / N) _____ PARTNER/SPOUSE _____
STREET _____ CITY _____
STATE _____ ZIP _____ TOURNAMENT TEAM _____
EMAIL _____ DO YOU HAVE HEALTH INSURANCE? YES NO (CIRCLE ONE)

ROSTER PLAYER

SHIRT SIZE: SM MED LG XL XXL XXXL (CIRCLE ONE) EXTRA SHIRTS ARE \$20/EACH QTY: _____ SIZE: _____

FEES THE FIRST 40 PAID PLAYERS WILL HAVE A GUARANTEED ROSTER SPOT ON A TEAM. PLAYERS APPLYING LATE WILL BE ADDED TO THE SUB LIST.

THE SEASON FEE IS \$100.00. \$ 100.00 CHECK ONE OF THE FOLLOWING: ROSTER PLAYER _____
ADDITIONAL SHIRTS \$ _____ SUBSTITUTE _____
TOTAL: \$ _____ DEFENSIVE POSITIONS: 1st CHOICE _____
2nd CHOICE _____

NOTE TO SUBS: AN INITIAL PAYMENT OF \$30.00 IS DUE WITH YOUR FORM. A FEE OF \$5.00/GAME PLAYED WILL BE DEDUCTED FROM THIS BALANCE. YOU WILL BE BILLED FOR THE BALANCE OWED, OR ANY UNUSED BALANCES WILL BE REFUNDED AT SEASON'S END.

MAKE YOUR CHECKS PAYABLE TO "PALM SPRINGS SENIOR SOFTBALL – AL" TO PAY BY CREDIT CARD CONTACT JEFF JURASKY AT 760-408-4300

ALL PLAYERS: GIVE YOUR PAYMENT/FORM TO ANY BOARD MEMBER . . . OR MAIL TO: JEFF JURASKY - 687 N. PALM CANYON DR., STE A, PALM SPRINGS, CA 92262

I hereby knowingly and willingly assume all risks of participating in the Palm Springs Senior Softball American League and agree to hold harmless both the Palm Springs Senior Softball American League (including its members, volunteers, managers, board members, umpires, agents and participants) as well as the City of Palm Springs for any injuries and/or damages incurred during league play, practice, meetings or any related activities.

PLAYER'S SIGNATURE _____ DATE _____

CHECK # _____ CASH \$ _____ CR CD \$ _____ REC'D _____

