



PALM SPRINGS SR. SOFTBALL – AMERICAN LEAGUE

'25-'26 WINTER/SPRING 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)

PREFERRED METHOD OF CONTACT: EMAIL _____ TEXT _____ CELL PHONE CARRIER (AT&T, VERIZON, ETC) _____

ROSTER PLAYER

SHIRT SIZE: SM MED LG XL XXL XXXL (CIRCLE ONE) EXTRA SHIRTS ARE \$30/EACH QTY: _____ SIZE: _____

FEES **THE FIRST 50 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 \$180.00. \$ 180.00 CHECK ONE OF THE FOLLOWING: ROSTER PLAYER _____

ADDITIONAL SHIRTS \$ _____ SUBSTITUTE _____

TOTAL: \$ _____ DEFENSIVE POSITIONS: 1st CHOICE _____

***A \$100 CREDIT WILL BE AVAILABLE TO ALL VOLUNTEER MANAGERS 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

ZELLE TO PALMSRINGSENIORSOFTBALL@GMAIL.COM

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 _____