



Senior Softball
of
Palm Desert

Senior Softball of Palm Desert

Winter League 2024 Sub List

New players must attend the Player Rating Sessions for assessment in December on any Monday/Wednesday/Friday

New Player (check box)

Snowbird date to arrive: _____

Return both signed forms at the field with **\$30.00** cash or check (payable to: **SSPD**)
Or, mail to: Joe Tucker, 48372 Tacoma Narrows Place, Indio, CA 92201

Name _____ Birth date _____

Phone numbers _____
List the phones numbers in the order to be called

E-mail address _____ Partner/Spouse _____

Emergency Contact & Phone Number _____

Season runs from 1/9/2024 to 3/14/2024. We play on Tuesday & Thursday mornings.

Position(s): P C 1B 2B 3B SS OF

Checking preferred position(s) above **DOES NOT GUARANTEE** you will play one of these positions. Based on team needs you may end up playing other spots, including Catcher.

Will you need a courtesy runner? Every time Occasionally No

As an SSPD member, I will abide by the Bylaws and Rules of Play of the SSPD, as well as the SSUSA Code of Ethics, to promote safety, sportsmanship and league camaraderie. I will represent the SSPD in a positive manner at all times, on and off the field. I understand that if I do not get to play in a minimum of 4 games, there will be a partial (or full) refund of my fee.

Signature _____ Date _____

To complete this application, you must also sign the "Waiver of Liability Form."

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OFFICIAL SSPD USE ONLY

Payment received by: _____ ; CASH or CHECK # _____



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Senior Softball of Palm Desert Player Waiver, Release of Liability, Indemnification Agreement

***** This form must be signed and turned in with your signed registration form. *****

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the Senior Softball of Palm Desert (hereinafter known as the SSPD).
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, illness and other participants. I understand this risk includes the exposure to or contraction of communicable diseases, including but not limited to COVID-19.
3. I understand the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the SSPD and in consideration for permission to play on the fields arranged for by the SSPD:

1. I voluntarily elect to accept and assume all risks of injury or illness incurred or suffered by me:
 - (a) while practicing or playing as a member of the team so designated;
 - (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team; and,
 - (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the SSPD, the SSPD Sponsors, the American Softball Association of America (ASA), Senior Softball USA (SSUSA) or their owners, officers, agents, servants,, associations, employees, or any person or entity connected with the SSPD, the cities of Palm Springs, Palm Desert, Thousand Palms, La Quinta and any other municipalities where games may be played, for any claim, damages, costs or cause of action which I have or may have in the future as a result of injuries or damages, sustained or incurred by me from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Please Print Name

Signature

Date