

NEBRASKA/IOWA SENIOR SOFTBALL



Morning League

April 20 - September 24, 2018

La Vista Sports Complex • 7346 South 66th St.

Player Registration Form

Please complete this entire form and mail to:
NE/IA Sr. Softball • PO Box 82 • Kennard, NE 68034
or deliver a check to Mert Opfer for \$50 made payable to: NE/IA Senior Softball

Registration is March 12 through April 7

Last Name: _____ First Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email Address: _____

Preferred Playing Position(s): P C 1B 2B 3B SS LF LCF RCF RF ROV Jersey Size (Circle One): **M** L XL XXL

I will be a **Team Manager**: () YES () NO I will serve as a volunteer **Umpire**: () YES () NO

Player Commitment: I will commit to play in () of the 20 scheduled games during the 2018 season.

REGISTRATION FEE is \$50.00: () ALL PLAYERS

Liability Release Statement

I voluntarily, of my own free will, elect to participate in the 2018 Nebraska/Iowa Senior Softball Morning League, including workout and training sessions. I understand and accept there are risks and hazards associated with softball that may result in injury or death, due to weather, playing conditions, equipment, and/or other participants.

My conduct, both on and off the field, will be positive and professional. I agree to **(1)** abide by the Policies, Guidelines and Rules of the **Nebraska/Iowa Senior Softball Morning League**; **(2)** assist, when needed, in performing assigned duties in connection with league operations including volunteering to umpire; **(3)** accept the decisions of the team manager, umpires, and board of directors in good sportsmanship; **(4)** neither taunt nor degrade an opponent, teammate, or umpire; **(5)** avoid body contact that may result in injury to others; **(6)** never direct abusive or profane language at officials or opponents; **(7)** exercise control over family members and friends as they relate to points 3, 4, and 6 above; and **(8)** not commit an act that would be considered unsportsmanlike conduct.

My signature serves as acknowledgement and understanding of the risks, rules and policies of the **Nebraska/ Iowa Senior Softball Morning League** and that all information provided by me is true and rendered in good faith. I agree, accept and acknowledge the details within the Player Liability Release Statement which includes the risks associated with the sport and rules regarding conduct and behavior.

(Print Name)

(Signature)

(Date)

MEDICAL ISSUES: Have you had any recent medical issues that may impact your playing status? _____

EMERGENCY CONTACT: In case I develop a serious injury or illness while playing softball, promptly call 911 and also please contact the following person ASAP:

Name: _____ Relationship: _____ Phone: _____