KC METRO SENIOR SOFTBALL LEAGUE

MEMBERSHIP APPLICATION

(For "New" Applicants, or Change to Current Member Information on File, Only)

NAME	DATE OF BIRTH (yyyy-mm-dd)	
FULL MAILING ADDRESS		
CONTACT PHONE: CELL	HOME	WORK
EMAIL ADDRESS: 1)	2)	
If you are new to the KCMSSL, please skill-rate yourself. KCMSSL's Player Skill Rating is based on a 10-to1 scale, with 10 being best, comparing my Power; Batting Average; Arm Strength; Speed; & Defense relative to players in my own age group – up to two years younger and two years older. Please calculate your own Player Skill Rating (based on this 10-to1 scale):		
Power Batting Average Arm Strength Speed divide the sum by 5. The resulting single number is your 10-	,	skill rating figures together, then ed player skill rating is

My best position is: 1: 2: 3:

1. I recognize that playing softball exposes me to the risk of injury and failure to use appropriate protective gear exposes me to a greater risk of injury, nevertheless, I hereby agree to assume all risks and in consideration of being allowed to participate in the league and play in its games, I hereby forever release, waive and discharge the following: the Kansas City Metro Senior Softball League, its officers and directors; the Manager and Sponsor of the individual team of which I am a member; all Managers of this league; all parks and recreation departments and other entities owning, operating and maintaining softball fields and other facilities on which league games or other sponsored events are held from all liability for any and all loss or damage, and any claim, or damages resulting therefrom, for any injury to my person or property, whether caused by negligence or otherwise. I also agree to indemnify and hold harmless each of them from any loss, liability, damage or cost they may incur as a result of my participation in the league or its games or other activities.

2. I hereby agree to read and abide by the Rules and Regulations of the Kansas City Metro Senior Softball League as contained in the then current edition of its Rules and Regulations Handbook. I further agree that by affixing my signature to this form, I automatically seal my contract with the Kansas City Metro Senior Softball League, the designated team and conference. I agree that if I should sign other contract(s) in violation of the Rules and Regulations of the Kansas City Metro Senior Softball League, without the written consent of the Rules and Regulations Committee, I am subject to suspension.

3. By supplying my e-mail addresses above, I hereby specifically waive any necessity for notice being mailed to me postage prepaid and specifically authorize the League to provide such notice to my e-mail addresses set forth herein above. I also agree to provide any change in my email addresses to the League immediately after such change has been made.

MEMBER'S SIGNATURE:

MANAGER'S SIGNATURE (if Manager is known at this time):

TO PARTICIPATE IN THE KANSAS CITY METRO SENIOR SOFTBALL LEAGUE GAMES, THE MEMBERSHIP FEE MUST BE PAID AND THIS MEMBERSHIP FORM, ALONG WITH A COPY OF YOUR "PROOF OF AGE" VERIFICATION, MUST BE ON FILE WITH THE LEAGUE.

> DONNA MCGUIRE – Membership Secretary 908 SW Hackney Ct., Lee's Summit, MO 64081-2303 <u>dmcguire.kcstar@yahoo.com</u> -- (816) 517-2903





www.kcseniorsoftball.org