



Kansas City Metro Senior Softball League

MEMBERSHIP APPLICATION

(You may register online: <https://kcseniorsoftball.org/> , or complete this form and mail it to the address below)

NAME

DATE OF BIRTH (yyyy-mm-dd)

FULL MAILING ADDRESS

CONTACT PHONE: CELL

HOME

WORK

EMAIL ADDRESS: 1)

2)

Please skill-rate yourself. KCMSSL's Player Skill Rating is based on a 10-to-1 scale, with 10 being best, comparing your Power; Batting Average; Arm Strength; Speed; & Defense relative to players in your own age group – up to two years younger and two years older. Please calculate your own Player Skill Rating (based on this 10-to-1 scale):

Power Batting Average Arm Strength Speed Defense (Add these 5 figures together, then divide the sum by 5. The resulting single number is your 10-to-1 player skill rating.) My calculated player skill rating is

My best position is: 1:

2:

3:

By participating in any and all KCMSSL sponsored activities I, my heirs, successors, and assigns, waive any and all claims and hold harmless Kansas City Metro Senior Softball (KCMSSL), its Board of Directors, from and against any and all loss liability, charges and expenses (including attorney's fees) and causes of action of whatsoever character which may arise by travel to and from, and participation in the KCMSSL. By signing below I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by law and that if any portion of this waiver and release is held to be invalid by a court or other trier of fact, the remainder shall continue in full legal force and effect. I will indemnify and hold harmless KCMSSL from any loss or liability (bodily injuries, illness, or death, and/or for damage to property, including the loss of use thereof) which results or is alleged to have resulted from my participation in any softball games. I am fully aware of the inherent risks and hazards in connection with my participation in any game, including injury, illness, disability, and death. I understand this risk includes the exposure to or contraction of communicable diseases, including, but not limited to, COVID-19. I VOLUNTARILY ASSUME THE RISK OF ANY INJURIES OR ILLNESS, INCLUDING THE TRANSMISSION OF SAID ILLNESS TO OTHERS, REGARDLESS OF THE SEVERITY, AND INCLUDING DEATH that I may incur to myself or others and all risk of damage to or loss of property which may occur as a result of my participation. I understand that this assumption of risk includes, without limitation, risks associated with (1) maintenance of condition of the playing field, (2) the condition of accessories thereto (backstops, fences, irrigation facilities, bases, mounds, bat racks, bleachers, and dugouts), and (3) equipment supplied by the Parks and Recreation Department of the City, County, or Tournament Organizers or Sponsors. I recognize that I am solely responsible for my decisions to participate in any KCMSSL game. I am familiar with the skills required to participate in any game presented by the KCMSSL (including batting, running, and throwing) and have satisfied myself that I am proficient in these skills. I am in good health and have no physical conditions that would prevent me from participating in the KCMSSL. My manager has informed me that he has read the current KCMSSL Rule Book and has advised me of the contents thereof. I have read and understood all the provisions contained in this Team Roster/Player Contract, I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily.

MEMBER'S SIGNATURE:

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

TO PARTICIPATE IN THE KANSAS CITY METRO SENIOR SOFTBALL LEAGUE GAMES, YOU WILL NEED TO PROVIDE US A COPY OF YOUR "PROOF OF AGE" (to attach to your record in our Membership Database), AND PAY YOUR ANNUAL MEMBERSHIP DUES.

Complete this form and mail, or e-mail, it to:

Barry Gordon – Membership Secretary
11621 Tomahawk Creek Pkwy., Condo K
Leawood, KS 66211-2613
barrygordo@aol.com – 913.827.7722