CENTRAL OHIO SENIOR SOFTBALL ASSOCIATION (COSSA)

REGISTRATION FORM (65+ & 70+ LEAGUES) – 2023 SEASON

INSTRUCTIONS:

1. Please complete the entire form and sign.
2. No cash is accepted, make your check or money order payable to the COSSA.
3. Completed applications and payments are due no later than April 15th of each year.
4. New this year is one application form for the 65+ and 70+ leagues.
5. Mail your application and check (no cash accepted) to the Board Treasurer:

John Byrum, 8240 Worthington Crossing Drive, Westerville, Ohio 43081.

PLAYER INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Email: _____ Preferred Phone: _____Alternate: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Applying for the following Divisions (Check each Box):

65+ Division: Fee: ___$60__ New to League Y/N_____

70+ Division: Fee: ___$60__ New to League Y/N_____ Prior Yrs. Team_____

Total Fees Being Paid: _____ Willing to Manage a Team_____

WAIVER:

I, _____, hereby agree to participate in the softball program offered by the Central Ohio Senior Softball Association (COSSA). I acknowledge that participation in this program may involve risk of physical injury due to the game's activity. In consideration of acceptance in this program, I hereby release and forever discharge for myself, heirs, executors and administrators from any and all claims to collect damages and promise not to sue COSSA, its Board, its Team Manager(s), and any municipalities that may host the COSSA and their representatives, agents, officials, directors, sponsors, insurers and any other individual activity with this program.

I hereby further agree to indemnify and hold harmless the COSSA and any other participating municipalities that may host League games and activities harmless from and against any and all action, cause of action, claims, charges, demands, complaints, damages, injuries, costs, loss of services, expenses, compensation and insurer claims arising out of or account of or resulting from my participation in this said softball program. I further represent that I am in Good Physical condition and can safely participate in this Competitive Softball League Team Sport program.

Signature: _____ Date: _____