

# CENTRAL OHIO SENIOR SOFTBALL ASSOCIATION

## REGISTRATION FORM (65+, 70+ AND 75+ LEAGUES) – 2024 SEASON

### INSTRUCTIONS:

1. PLEASE COMPLETE THE ENTIRE FORM AND SIGN AT THE BOTTOM
2. DO NOT SEND CASH. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE COSSA
3. COMPLETED APPLICATIONS AND REGISTRATION FEES ARE DUE NO LATER THAN APRIL 15, 2024
4. ONE FORM IS USED FOR ALL LEAGUES. MAIL YOUR APPLICATION AND PAYMENT TO THE COSSA TREASURER:
  - a. RICH MARTORANO, 9873 MORRIS DRIVE, DUBLIN, OH 43017

### PLAYER INFORMATION (PLEASE PRINT)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_ Alt. # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

### Applying for the following Divisions (Leagues) – Check each box.

65+ League      Fee: (\$60) \_\_\_\_\_      New to League (Y/N) \_\_\_\_\_

70+ League :      Fee: (\$60) \_\_\_\_\_      New to League (Y/N) \_\_\_\_\_      Prior Year Team \_\_\_\_\_

75+ League      Fee: (\$50) \_\_\_\_\_      New to League (Y/N) \_\_\_\_\_      Prior Year Team \_\_\_\_\_

Total Fees Being Paid:\$ \_\_\_\_\_

Willing to Manage a Team (Y or N) \_\_\_\_\_

### WAIVER:

I \_\_\_\_\_ hereby agree to participate in the softball program offered by the Central Ohio Senior Softball Association (COSSA). 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: \_\_\_\_\_