

Senate Softball League

Player Registration Form

Team Name: _____ Division _____ Year _____
 Team Coach: _____ Phone (____) _____ Email: _____
 Assisstant Coach: _____ Phone (____) _____ Email: _____

I, the undersigned player, acknowledge and agree that I voluntarily elect to participate as a member of the Senate Softball League. I acknowledge that team dues will be used at the sole discretion of the Senate Softball League Commissioner Council. I agree to abide by Senate Softball League rules for game play, sportsmanship and membership. I understand that my membership may be terminated by the Senate Softball League for any violation of said rules. Additionally, I accept and assume all risks of injury incurred by me at any Senate Softball League sponsored event or while participating or playing as a member; I release, discharge, and agree to hold harmless any team, the Senate Softball League, its officers and/or any other persons connected with the Senate Softball League for any claim, damages, costs, or cause of action which I have, or may have in the future, as a result of injuries or damages incurred for whatever cause or reason; and I agree to comply with all ethics rules set forth by my employment (i.e., U.S. Senate, U.S. House of Representatives, Executive Branch). By my signature, I agree to this statement, and that all information on this form is true and correct.

#	Player Name (Please Print)	Signature/ Waiver Acknowledgment	Phone	Email	DOB	Tournament Roster
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