



Fall Ball Player Application 2008

Dr. Keith Pastuch- Commissioner

<http://www.popsoftball.com>

516-379-0606 (H), 516- 655-1141 (C)

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Tel. # _____

Work Tel. # _____

Cell Phone # _____

Email address: _____

Date of Birth: _____

Team you played for this year: _____

Preferred Positions: _____

Over all Rating of your Abilities: (1Best - 5 Worst): _____

To Join: 1) You must complete **ALL** lines of the Application

2) Send **\$50 check payable to POP'S Softball Inc**, and mailed to:
POP'S 40 & Over Softball, 1811 Yale Road. Merrick, NY 11566

3) You must have *played* in the Spring / Summer league for POP'S this year to be eligible! Only eligible player's checks will be cashed.

4) There will be a drafting of teams; and entry of players to the league will be based on: a) player's seniority to league and, b) the order of the applications received.

5) There will be NO Refunds!

6) YOU MUST SIGN WAIVER ON BACK OF APPLICATION ►

POPS 40 & Over Softball

I, the undersigned player named below, acknowledge, agree and understand that: 1.) voluntarily and of my own free will, I elect to participate as a member of the sports team or league indicated above. 2.) I understand that there are certain risks and hazards involved in participating in sports, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding, kicking and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for the right to play as a member of the team or league designated above and in consideration for permission to play on the field arranged for by POPS SOFTBALL: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice of play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play.

2.) I release, discharge and agree not to sue the team and/or league designated above or any owner or lease of fields on which this sport is played or practiced by my team or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, or field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Print Name, Signature, & Date:

Print Name

Signature

Date