



DANBURY 40 PLUS SOFTBALL LEAGUE

2019 REGISTRATION FORM

<http://www.Danbury40PlusSoftBall.org>

NAME: _____
Last First MI

ADDRESS: _____
Street City State Zip

TELEPHONE (Home): _____ (Cell): _____ Cell Carrier: _____
ATT/Verizon/Sprint/T-Mobile/etc

DATE OF BIRTH: _____ (You must be **AT LEAST** 40 years of age on/before May 1)

EMAIL ADDRESS: _____ (DON NOT LEAVE BLANK, PLEASE PROVIDE ONE.)

RETURNING PLAYER (Y/N): _____ LAST YEAR'S TEAM: _____

NEW PLAYER: _____

PREFERRED POSITION: (Pitcher / Catcher / Infield / Outfield / Anywhere)

First Choice: _____ Second Choice: _____

Prior experience in other leagues: _____

ALL PLAYERS MUST WEAR SOFTBALL PANTS OR SOFTBALL SHORTS AND RUBBER CLEATS OR SNEAKERS

LIABILITY RELEASE

As a participating member of the Danbury 40 Plus Softball League, I agree not to sue or to claim from the City of Danbury, the Danbury 40 Plus Softball League, its officials or its successors and assigns, for injuries, expenses, cost of damages incurred in any manner whatsoever, arising from the use of facilities or participation in league activities.

SIGNATURE: _____ DATE: _____

Make checks payable to **Danbury 40 Plus Softball League**, and return to Team Manager

No Registration, No Player Fee = NO PLAY – NO EXCEPTIONS

Player Fee \$40.00 _____ (MUST RECEIVE BY May 1, 2019)

TOTAL Enclosed: _____ Check Cash

RETURN BY May 1, 2019 RETURNING PLAYERS NOTE: ANY PLAYER WHOSE REGISTRATION IS RECEIVED AFTER THIS DATE MAY BE PLACED IN THE PLAYER DRAFT.

For more information call Robb Banyai: (203) 501-4828

OFFICE USE ONLY

Assigned _____ Date _____
Team: _____ Cash: _____ Check #: _____ Amt: _____ Received: _____