

Check IN or OUT of Draft

IN Draft _____

OUT of Draft _____

Days Playing _____

Sign and Date _____

PLAYER INFO FORM

Name: _____ E-Mail Address: _____

Phone: _____ (Landline) _____ (Cell)

Address: _____

Birthday: _____ Age: _____

Do you have any artificial attachments in legs or hips? Yes () No ()

Do you need to have a runner when batting to 1st base? Yes () No ()

Do you need to take a runner from 1st base? Yes () No () Occasionally ()

Will you run for others? Yes () No () Occasionally ()

Your normal playing position: _____ Alternate playing positions: _____

FALL 2024 in the Draft? Yes () No ()

Days able to play: Mon. () Wed. () Fri. () All ()

Estimate number of games missed _____ Dates missing over 3 consecutive days: _____

Would you be willing to help umpire games? Yes () No ()

Would you be willing to help prepare the fields before games? Yes () No ()

Emergency Information

Do you have a Pacemaker? Yes () No ()

Would you want CPR by defibrillator if you were to experience a coronary attack while playing ball? Yes ()

No ()

DOCTOR: _____ PHONE NO: _____

IN CASE OF EMERGENCY NOTIFY:

(1) NAME: _____ PHONE NO: _____

(2) NAME: _____ PHONE NO: _____

PREFERRED HOSPITAL IF YOU HAVE ONE: _____

I have my doctor's approval to participate in softball games. I hereby waive any rights I may have to damages from the La Mesa Senior Softball Association and its officers for any injury to me or my property that may occur while I am participating in an activity sponsored by the Association. I understand that I must provide my own medical and dental coverage

Signature: _____ Date: _____