

## 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: \_\_\_\_\_