

WSSL PLAYER APPLICATION

2024 Season (Spring and Fall)

PLEASE PRINT

Application requested by: 3/1/2024

NOTE: RETURNING PLAYERS ONLY NEED TO INCLUDE NAME (AND ANY INFO THAT HAS CHANGED), THEN SIGN & DATE THE WAIVER.

Name _____

Address _____

City _____ **Zip** _____

Phone # _____ **Alternate #** _____

Email _____

DOB ___/___/___ **Shirt size** _____

Emergency Contact _____

Emergency Contact Phone _____

Enclose check for \$75 payable to WSSL and mail with completed application to: WSSL % Wes Ripley, 5856 Ladysmeade Lane, Gloucester, VA 23061

WAIVER – By signing below, I hereby agree to abide by all the rules & regulations of the Williamsburg Senior Softball League (WSSL). I fully understand that with my participation in the softball league there are certain risks involved. I indicate by my signature that I have had a recent physical exam or deem myself physically able to participate in the activity of softball. I further agree to assume all liability for my actions. I hereby agree to waive any and all claims for myself, my heirs, and next of kin. I also hold blameless the WSSL, its Board of Directors, City of Williamsburg, James City County, managers, players, sponsors, and volunteers from any and all losses, liability, charges, and expenses (including attorney fees) and causes of action of whatever character that arises by travel to and from and participation in WSSL softball, as well as any exposure that results in contracting COVID-19 or other transmissible infections. I have read this release of liability and assumption of risk agreement. I fully understand it. I sign it voluntarily without any inducement. I also understand that pitching without a protective pitcher's mask may result in serious injury and I assume all associated risks if I choose not to wear protective gear when pitching.

Signature _____ **Date** _____

Please indicate the division in which you would like to play:

Yorktown (younger, competitive) _____ Jamestown (older, relaxed) _____

No preference _____