

Wilmington Senior Softball Association Player Application Form 2024



PRINT

Name	
Address	
City	
Phone(preferred)	Alternate #
Email Address	
DOB/	Year Joined WSSA
Emergency Contact	
Emergency Contact Pho	ne
Returning Players: Pleas	e Check your division preference for 2024 play:
ATLANTIC_	COASTALLEGACY
1319 Military Cutoff R	yable to WSSA & mail with completed application to: oad, Box # 302 Wilmington, NC 28405 than March 1, 2024 (Returning Players)
	er than March 15, 2024 (New Players)
	ns and checks after this date will be placed on teams on an as-needed basis)
Softball Association (WSSA). If certain risks involved. I indicate physically able to participate in thereby agree to waive any and alits Board of Directors, City of Wifrom any and all losses, liability whatever character which arise release of liability and assumption inducement. I also understand	reby agree to abide by all the rules & regulations of the Wilmington Senior ally understand that with my participation in the softball league there are by my signature that I have had a recent physical exam or deem myself ne activity of softball. I further agree to assume all liability for my actions. It claims for myself, my heirs, and next of kin. I also hold blameless the WSSA, mington, New Hanover County, managers, players, sponsors, and volunteers to, charges, and expenses (including attorney fees) and causes of action of by travel to and from and participation in WSSA softball. I have read this on of risk agreement. I fully understand it. I sign it voluntarily without any that pitching without a protective pitcher's mask or not using a pitcher's jury and I assume all associated risks if I choose not to use protective
Signature	Date
	icate If you are interested in any of the following positions:
Board of Directors posi	tion (specify)BOD CommitteeTeam Manager
	Assistant Team ManagerUmpire

www.wilmingtonseniorsoftball.net