

GOLDEN SENIORS SOFTBALL CLUB OF SACRAMENTO

2010 NEW MEMBER APPLICATION

Date rec'd _____ by _____
Check Number: _____
Check Amount: _____

Phone: Home () _____

Cell () _____

Work () _____

E-mail: _____

PLEASE PRINT

Name: _____ Spouse's Name: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

MEDICAL INFORMATION

Person/s to be notified in case of emergency (please name at least two):

NAME	RELATIONSHIP	TELEPHONE NUMBER
1.		
2.		

Do you presently have or use a pacemaker? Yes _____ No _____

Medications presently taken: _____

Allergies (include allergies to medication) _____

Health Insurance Plan _____ Medical Number _____

Doctor's full name _____ Telephone _____

Hospital Preference _____ Blood type (if known) _____

PREVIOUS SOFBALL EXPERIENCE:

Have you been playing softball in recent years? Yes or No If so, at what level have you played? _____

Your height: _____ Your weight: _____ Positions you can play: _____

Bat: R or L Throw: R or L Your speed: Fast - Average - Slow (circle one) Regular position in the batting order: Top - Middle - Bottom (circle one) Comments: _____

MEMBERSHIP:

I am applying for membership as a:

Playing Member: Dues \$115 Non-Playing Member: Dues \$30 Dues \$ _____

Which League is your first (or only) choice:

Place a "X" in the box. The fee for this League is included in your membership dues. This is your **Primary League**:

Add your additional League requests. Each additional League will be \$90.

	2nd	3rd	4th	5th
<input type="checkbox"/> League #1 Monday Day (70 +) 9:30 a.m. / Howe Ave Park	<input type="checkbox"/> L1	<input type="checkbox"/> L1	<input type="checkbox"/> L1	<input type="checkbox"/> L1
<input type="checkbox"/> League #2 Tuesday Day (60 +) 9:00 a.m. /Watt Ave Complex	<input type="checkbox"/> L2	<input type="checkbox"/> L2	<input type="checkbox"/> L2	<input type="checkbox"/> L2
<input type="checkbox"/> League #3 Tuesday Night (50 +) Watt Ave Complex	<input type="checkbox"/> L3	<input type="checkbox"/> L3	<input type="checkbox"/> L3	<input type="checkbox"/> L3
<input type="checkbox"/> League #4 Wednesday Night (50 +) Watt Ave Complex	<input type="checkbox"/> L4	<input type="checkbox"/> L4	<input type="checkbox"/> L4	<input type="checkbox"/> L4
<input type="checkbox"/> League #5 Thursday Night (50 +) Watt Ave Complex	<input type="checkbox"/> L5	<input type="checkbox"/> L5	<input type="checkbox"/> L5	<input type="checkbox"/> L5
<input type="checkbox"/> League #6 Tuesday Day (60 +) 10:30 a.m. /Watt Ave Complex	<input type="checkbox"/> L6	<input type="checkbox"/> L6	<input type="checkbox"/> L6	<input type="checkbox"/> L6
<input type="checkbox"/> League #7 Tuesday Day (70 +) 10:30 a.m. /Watt Ave Complex	<input type="checkbox"/> L7	<input type="checkbox"/> L7	<input type="checkbox"/> L7	<input type="checkbox"/> L7

Select Leagues – There is no guarantee you will be selected to play on a team in League 6 and/or League 7.

Total Additional League Fees: \$90 \$90 \$90 \$90 \$ _____

Total Membership Dues plus Additional League Fees Enclosed: \$ _____

Please complete and sign the reverse side of this form

Should you not play in a League you have selected or you only play a portion of the season, you will receive a prorated refund from the Club at a rate of \$4.50/game.

How many games do you expect to miss due to vacations, work, or elective surgery? _____

Are you still recovering from an injury, a surgery or an illness? Yes ____ No ____ Please explain:

Mail the Application: A check for the full amount of membership, including the amount for additional leagues, must accompany the application unless prior arrangements are made with the Club's Player Agent. Your application may not be accepted until the dues and additional fees are received. Please make the checks payable to G.S.S.C. Please send the application and check to the Club's Player Agent:

Tom Sansone

9816 Oak Ranch Place

Elk Grove, Calif. 95624

RELEASE AND WAIVER

I, hereby, assume full responsibility for the risk of injury and/or consequences for participating in games of the Golden Seniors Softball Club of Sacramento. I further assume complete responsibility when I refuse to wear or use protective gear provided by the GSSCS.

I render the GSSCS officers, directors, commissioners, managers and all members and sponsors harmless in the event of any injury or illness I may incur while participating in the Club's games and activities.

CODE OF ETHICS

As a member of the Golden Seniors Softball Club, I agree that I will conduct myself as a gentleman/lady at all times and that when participating in Club activities, I will:

1. Abide by the By-Laws of the Club and the rules and decisions of the Club Officials.
2. Accept the decisions of the umpires and my team manager.
3. Avoid bodily contact that may cause injury to myself or others.
4. Refrain from publicly degrading fellow Club members.
5. Never direct abusive or profane language at the official or fellow Club members.
6. Control the use of alcoholic beverages so as not to offend anyone or to cause adverse criticism of the Club.

APPLICATION

By signing this application, I hereby apply to be a member of the Golden Seniors Softball Club of Sacramento.

1. I agree to abide by the Club's rules as well as the Club's Code of Ethics.
2. I release the Club and its officers from any liability for any injury I may incur while traveling to and from a GSSCS game as well as any injury while playing in a GSSCS softball game.
3. I will be 50 years of age or older by December 31, 2010 to be eligible for membership in GSSCS. I understand the presentation of a photo ID may be required to confirm this eligibility.
4. I am aware the By-Laws, Playing Rules and Code of Ethics of the GSSCS will be enforced. I am further Aware that unethical or un-sportsman like behavior on my part may be cause for disciplinary action up to and including termination of my GSSCS membership.

Signature of Applicant: _____ Date: _____

Notes to the Player Agent: (special requests or issues of concern)

Please do not include my phone number on any list distributed to general Club members.

Please complete both sides of this form