

Brevard Senior Softball Association, Inc.

Note: If a Player turns 50 years of age by December 31st he is eligible to play!

The Brevard Senior Softball Association, Inc. is presently holding player registration. There will be a player draft to form teams, anyone interested in playing, sponsoring, umpiring, scorekeeping, etc., is invited to register and participate. Games are played on Thursday evenings at the Palm Bay Regional Park, located at 1951 Malabar Road NW, Palm Bay, from 6:30pm to 9pm; Roster space is limited! There will be a waiting list after the player limit is reached. **Player Registration Fee is only \$40.00.** So fill out the application below now and please pay by check, made out to Brevard Senior Softball Association, Inc. and mail to the address listed below.



For More Information contact Dan Deratany at 777-7770 or alpine@cfl.rr.com,
or Marty Jacobson at 591-1315 or Mjacobson@cfl.rr.com.

Make Checks Payable to: **Brevard Senior Softball Association, Inc. or BSSA**
Mail to: **Brevard Senior Softball Association**
Attn: **Dan Deratany**
608 Peregrine Drive
Indialantic, FL 32903

Player's Name: _____

Spouse's or Companion's Name: _____

Mailing Address: _____

City: _____, FL Zip Code: _____

Email address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Fax: _____ Other: _____

Birth Date: _____ Age as of December 31: _____

T-Shirt Size: ___ M ___ L ___ XL ___ XXL

Preferred Playing Positions: _____

Playing Experience: _____

Emergency Contact: _____ Phone: _____

Any Physical Limitations (Do you need a runner? etc.): _____

Playing Season: ___ Winter/Spring 2009; ___ Spring/Summer 2009; ___ Summer/Fall 2009

Team Roster/Accident Release & Financial Responsibility Clause

I, the undersigned registrant, do hereby assume all risks and hazards incidental to the conduct & participation of the above Activity and do hereby waive, release, absolve, indemnify, and agree to hold harmless Brevard County Parks and Recreation, its Employees, and Representatives, and members of the Board of Directors of the Brevard Senior Softball Association, Inc, for any injury to the registrant. I am also aware that BCPR does not provide medical insurance coverage for Registrants for any claim against the County of Brevard, its Employees or league representatives.

I also grant permission to the BCPR employees or league representatives to authorize and obtain care from any licensed Physician, Hospital, Medical Clinic, or emergency Medical Care Unit should the Registrant become ill or injured while participating in the above activity.

I agree to pay for any and all damages done by me, the Registrant with the exception of normal use to buildings, equipment, supplies, and/or other property under the ownership and authority of Brevard County. I understand the Rules & regulations prescribed by the Brevard County Parks & Recreation Department governing the facilities & above Activity, and hereby agree to abide by any and all disciplinary actions upon any and all infractions of these rules & Regulations.

Players Signature

Date

Seniorleaguesoftball.net