

GOLDEN SENIORS SOFTBALL CLUB OF SACRAMENTO

2016 NEW MEMBER APPLICATION

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

Phone: Home _____
Cell _____
Work _____

For Team Rosters please show ___ Home phone ___ Cell Phone ___ Work Phone

PLEASE PRINT – All members must respond to all items in the heading. For example, if you have no work phone or email enter N/A so our records will be complete.

Name: _____ Spouse's Name: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Gender: M ___ F ___

Dues:

I am applying for membership in GSSCS as indicated below.

Regular Member: Dues \$20

Club Membership Dues \$ _____

League Fees:

Place an "X" in the box for each League in which you intend to play.

League #1 Monday Day (M 70+; W 65+) 9:30 a.m. Howe Ave Park	<input type="checkbox"/>	\$65
League #7 Monday Day (M 70+; W 65+) 11:00 a.m. Howe Ave Park	<input type="checkbox"/>	\$65
League #8 Tuesday Day (M 75+; W 70+) 9:30/11:00 a.m. Howe Ave Park	<input type="checkbox"/>	\$35
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League #2 Tuesday Day (M 60+; W 55+) 9:00 a.m. /Watt Ave Complex	<input type="checkbox"/>	\$75
League #6 Tuesday Day (M 60+; W 55+) 10:30 a.m. /Watt Ave Complex	<input type="checkbox"/>	\$75
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League #3 Tuesday Night (M 50+; W 45+) Watt Ave Complex	<input type="checkbox"/>	\$90
League #4 Wednesday Night (M 60+; W 55+) Watt Ave Complex	<input type="checkbox"/>	\$90
League #5 Thursday Night (M 50+; W 45+) Watt Ave Complex	<input type="checkbox"/>	\$90

Total League Fees \$ _____

Grand Total Dues and League Fees \$ _____

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:

Please complete and sign the reverse side of this form

Should you not play in a League you have selected, you will receive a full refund. Should you leave the Club after playing in a League, you will not receive a refund if the request is made after May 15, 2016. To avoid confusion about your intent and the date, all refund requests must be made in writing to the Club's Player Agent.

Mail the Application: A check for the full amount of membership dues and leagues fees 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.S. Send the application and check to the Club's Player Agent:

Dave Tanner, P.O. Box 1178, Elk Grove, CA 95759-1178

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 Golden Senior Club 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 Rules and By-Laws of the Club as well as the decisions of 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 and umpires.
5. Never direct abusive or profane language at an 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 (male)/45 years of age (female) or older by December 31, 2016. Therefore, I am 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:

I request to play with: (This request will generally only be honored for significant others or carpools)

I do not wish to play for or to play with:

PREVIOUS SOFTBALL EXPERIENCE:

When was the last time you played softball? _____ At what level did you play? _____

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: _____

Printed name: _____

How did you hear about Golden Senior Softball Club, Sacramento?

- Know following active Club Member _____
- Newspaper
- Magazine
- Radio/TV
- Website
- Other _____