

Renaissance City Softball League Registration Form

All players new and/or returning must fill out and sign the registration form. Forms must be current for insurance purposes.

Personal Information:

*Required fields

Name

*First: _____ *Last: _____ *M.I. _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Home Phone: _____ i.e.: *555/555-5555 format

Cell Phone: _____ *D.O.B.: _____ * 05/05/55

*E-Mail: _____

Team (if assigned): _____

Note: It is the STRICT policy of the RCSL to keep all personal information confidential. The information on this form will only be used for official RCSL business and to provide you with up-date information such as: League Announcements/Newsletters; Team & League Fundraising Notifications; Banquet/Officer Elections; etc. All e-mails will be sent in a "blind" fashion so as to protect the privacy of your e-mail address.

*Were You A League Member Last Year? Yes: ___ No: ___

*Your Status: Player: ___ Non Player: ___

Sexual Orientation: Gay: ___ Straight: ___ Bi ___ Other: _____

With the knowledge and understanding of the inherent risks involved in participation in the Renaissance City Softball League, I hereby for myself, my heirs, executors, and assigns, waive Any and all claims for damages against the RCSL, its sponsors, its organizers, city agencies, or any individual associated with the above, for any and all injuries sustained by me as a spectator or player. I attest and verify that I am physically fit and have trained properly to participate in said activity.

Signature: _____ Date: _____

Please note: ALL *required fields must be filled in or your registration will be considered VOID. If you chose not to state your sexual orientation you will not be eligible to participate in certain tournaments including the Gay Softball World Series.