## Citrus Park 50+ Softball League 2026 Ladies Registration Form

You are considered registered if you reside in the park and (1) all sections of this form are complete, (2) your fee is paid and (3) you are rated.

PLEASE REVIEW INFO AND CORRECT ANY ERRORS!!	
NAME	DATE OF BIRTH
CITRUS PARK ADDRESS	CITRUS PARK PHONE #
NORTH ADDRESS (Optional)	
NORTH PHONE # HOME STATE/PROV	
	I will be in BT from to
Shirt Size (Circle): S M L XL XXL XXXL	
Circle one: HAT VISOR STRING VISOR NONE	medicated in pitching.
Playing Status Preferred (Circle One)  A – I will be here for the whole season and want to be placed on a team. (Must confirm by Nov. 15, 2025.)  R – Reserves NP – Non-playing, volunteer only (i.e., coach, umpire)  I did not play in 2025 and will have to be rated: (Circle) Yes	
2026 fee is \$70 <b>(\$85 after APRIL 1)</b> and \$50 for non-pla carried over to a future year. PAID Initia	lying, volunteer only (i.e., coach, umpire) and can't be ls of registrar or designate
CITRUS PARK 50+ SOFTBALL LEAGUE WAIVER FORM	
agree to work and cooperate with the other members of the alove of the game of softball are all apparent in my conduction to particle with the acceptance of my application to particle with the telegue, to play in League games and to practice with the telegue is a non-profit corporation organized and managed League and maintain the softball fields. I know and am we bats or balls which are used in hitting and throwing and the obstacles, depressions or other hazards. I recognize that part that the Citrus Park 50+ Softball League does not require a any knowledge of my physical condition and, therefore, I he condition to play in softball games and to practice. IF MY would affect my playing ability) BETWEEN NOW AND CONFINCED ON A TEAM.	rticipate on one of the teams in the Citrus Park 50+ Softball cam, I hereby acknowledge that the Citrus Park 50+ Softball by players who volunteer to organize and manage the ell aware that a participant in the games may be injured by at the softball field is not a professional field and may have hysical exercise is involved in playing softball and know physical examination in order to play and does not have be state and affirm that I am in satisfactory physical HEALTH CHANGES (i.e. SURGERY, INJURY OR ILLNESS which FIRMATION DATE, I MUST BE RERATED BEFORE I AM
my heirs, executors, personal representatives and assigns, which I may incur as a participant in volunteer activities, p rights and claims for losses and damages I may have and in	of for any death or injury to me or damage or destruction of of the softball volunteer activities, games or practicing or d by said Softball League, its officers or players and
Participant's Name (print)	Age
Signature	
IN WITNESS WHEREOF, the Participant has affixed his/her	signature theday of, 20
Witness's signature	