

**PLAYER APPLICATION**  
**CHICO SENIOR SOFTBALL CLUB, INC.**  
P.O. Box 2302, Chico, CA 95927  
[www.chicoseniorsoftball.com](http://www.chicoseniorsoftball.com)

Print Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Resident Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Jersey Size: \_\_\_\_\_ Work Phone \_\_\_\_\_  
DOB \_\_\_\_\_ Current Age \_\_\_\_\_ Email \_\_\_\_\_  
In case of emergency notify \_\_\_\_\_ Emer. Phone (H/C/W) \_\_\_\_\_  
Do you have any medical conditions the league should know about (in case of emergencies)? \_\_\_\_\_

What was the first year you started playing softball with Chico Senior Softball \_\_\_\_\_

There are three divisions: Open (Age 47 & over in 2024), Veterans (Age 55 & over in 2024), and Masters (Age 65 & over in 2024).

Which division(s) do you prefer to play in: Open \_\_\_\_\_ Vets \_\_\_\_\_ Masters \_\_\_\_\_

Preferred Player Positions: Pitcher \_\_\_\_\_ Infield \_\_\_\_\_ Outfield \_\_\_\_\_

I agree to abide by the Chico Senior Softball, Inc. Code of Conduct, all the rules and regulations adopted by the Club and its Board of Directors, and to exhibit sportsmanship and fellowship in all club events. I understand that all Club property is to be returned at the end of the event.

**WAIVER AND RELEASE AGREEMENT**

As a participant in senior softball, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter occur as a result of my participation in senior softball. This release is intended to discharge in advance Chico Senior Softball Club, Inc. (its officers, employees and agents) and any co-sponsor from and against any and all liability arising out of or connected in any way with my participation in senior softball.

I understand that senior softball may be of hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during senior softball; and that participants in senior softball may sustain personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I hereby agree to assume any and all risks of injury or death and to release and hold harmless Chico Senior Softball Club, Inc. (its officers, employees and agents) and any co-sponsors. It is further understood and agreed that this waiver, release, and assumption of risks is to be binding on my heirs and assigns. I further agree to indemnify and to hold Chico Senior Softball, Inc. (its officers, employees and agents) and any co-sponsor free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in senior softball.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE CHICO SENIOR SOFTBALL CLUB, INC. AND ME, AND I SIGN OF MY OWN FREE WILL.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

2024 Annual Fee: \$140 – Prior to Draft Night. Open TBD March 2024, Masters TBD March 2024, Veterans TBD March 2024

Note: Additional \$70 Annual Fee for 2nd division.

Amount Received \_\_\_\_\_ (To be filled out by CSS staff)

**MAKE CHECK PAYABLE TO CHICO SENIOR SOFTBALL CLUB**

**NOTE 1: Players must pay fees by draft date to be in the draft. If late, players will be placed by the draft committee.**

**NOTE 2: Paying by credit card and registering on the website greatly simplifies record keeping, PLEASE USE if possible.**

