

La Mesa Senior Softball League
La Mesa, California

Please print clearly and legibly

Name		Date of Birth	
Phone - Primary		Phone - Alternate	
Email			
Address	Street	City	Zip Code
Medical Insurance Provider			
Emergency Contact		Phone	
Emergency Contact Address		City	Zip Code

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La Mesa Senior Softball League
La Mesa, California

Please read and sign your name

WAIVER

I hereby declare that I am physically able to participate in the La Mesa Senior Softball League and I agree to adhere to the rules of play and policies of that organization. I also agree to provide my own medical and dental insurance and hold harmless the city of La Mesa, the city of El Cajon, and the La Mesa Senior Softball League, its officers, directors and players from any liability arising from personal injury or other damages that I may sustain while in attendance at the various sponsored softball venues.

Annual Dues \$ _____

Make Check Payable to: La Mesa Senior Softball League

Signature

Date

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La Mesa, California

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