

# Chesterfield Senior Softball Association 2009 Registration Form

Name													
Birth Date													
Address													
City													
Zip Code													
Residence (County or City)													
Home Phone													
Work Phone													
Cell Phone													
Email Address													
Publish Phone on Web Site?	Check if you will allow other players (but not the general public) to view your phone # on the CSSA web site												
Mens League (Check One)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Ambassadors</td> <td style="text-align: center;">Hawks</td> <td style="text-align: center;">Headliners</td> <td style="text-align: center;">Intruders</td> </tr> <tr> <td style="text-align: center;">Young Virginians</td> <td style="text-align: center;">Players</td> <td style="text-align: center;">Rockers</td> <td style="text-align: center;">Virginians</td> </tr> <tr> <td colspan="2">Check <input type="checkbox"/> to enter the <b>Gold / Competitive</b> Division Draft</td> <td colspan="2">Check <input type="checkbox"/> to enter the <b>Silver / Recreational</b> Division Draft</td> </tr> </table>	Ambassadors	Hawks	Headliners	Intruders	Young Virginians	Players	Rockers	Virginians	Check <input type="checkbox"/> to enter the <b>Gold / Competitive</b> Division Draft		Check <input type="checkbox"/> to enter the <b>Silver / Recreational</b> Division Draft	
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**Deadline for registration (for returning members to sign up for the teams on which they played last year) is March 1, 2009**

**\*\*\* IMPORTANT \*\*\***

If your fee and form have not been received by the deadline, you **WILL** be placed in the player pool draft

Fees

	Before June 30	June 30 and after
Co-ed League (Women 40+, Men 50+)	\$70	\$50
1st Year CSSA Player (Women and Men)	\$50	\$30
Mens League (50+)	\$70	\$50
Non-resident of Chesterfield County (in addition to the league fee)	\$10	\$10
Total Due:	\$	\$

All blanks are to be completed in order to be eligible for league play. You must **ALSO** sign at the bottom/

If a coaching position for a team is available, check here if you would be interested in serving. It may or may not be with the team you played for last season: \_\_\_\_\_.

THE CHESTERFIELD SENIOR SOFTBALL ASSOCIATION IS A VOLUNTARY PROGRAM. I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE CHESTERFIELD SENIOR SOFTBALL ASSOCIATION AND ITS REPRESENTATIVES FOR ANY CLAIM ARISING OUT OF INJURY WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY CAUSE AND DO FURTHER ASSUME THE RESPONSIBILITY FOR MY CONDUCT.

SIGNATURE: \_\_\_\_\_ DATE: / / 2009

Please complete the entire form above and enclose a check for the total amount due to:

**CSSA**  
**Lacy Lusk, League Treasurer**  
**901 Buford Oaks Circle**  
**Richmond VA 23235**

Visit our web site at <http://www.ChesterfieldSeniorSoftball.com>