

SCRIPPS RANCH OLD PROS 2010 SPRING NIGHT SOFTBALL LEAGUE

THE SROP NIGHT SOFTBALL LEAGUE'S FIRST GAME WILL BEGIN PLAY ON FEB. 10. PLEASE MAIL COMPLETED APPLICATION WITH A **\$65 CHECK PAYABLE TO SROP** (OLD PRO DISCOUNT APPLIES) TO: **MARK TURFLER, 11966 CYPRESS VALLEY DR., SAN DIEGO, CA 92131**

(For returning players already on a nucleus) ALL CHECKS RECEIVED AFTER JULY 16 WILL BE ASSESSED AN ADDITIONAL \$20 FEE AND PLAYERS ARE INELIGIBLE after FEB. 18 UNTIL MONEY IS RECEIVED.

ONCE THE MAXIMUM NUMBER OF COMPLETED APPLICATIONS WITH PAYMENT ARE RECEIVED, PLAYERS WILL BE ASSIGNED TO A WAITING LIST BASED UPON THE DATE THEY ARE RECEIVED. **REMEMBER...PLAYERS WILL BE LIMITED!!!** WE CANNOT GUARANTEE THAT EVERYONE WHO COMPLETES AN APPLICATION WILL BE ABLE TO PLAY. APPLICATIONS **MUST** BE RECEIVED NO LATER THAN JJAN. 27 TO BE CONSIDERED FOR PLAY. PLEASE DIRECT ANY QUESTIONS TO MARK TURFLER @ 858-736-4484 (TURF@SAN.RR.COM) OR JASON TURFLER @ 858-254-2292.

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (CELL) _____ AGE _____

E-MAIL ADDRESS (PLEASE PRINT **CLEARLY**) _____

IF YOU ARE ON A TEAM NUCLEUS, LIST MANAGER _____

HAVE YOU PLAYED IN ANY OTHER OLD PRO SOFTBALL LEAGUE OR TOURNAMENT? Y OR N

FOR THOSE THAT ANSWER "NO", PLEASE CONTINUE TO ANSWER QUESTIONS BELOW, ALL RETURNING PLAYERS NEED ONLY SIGN AND DATE AT THE BOTTOM OF THE PAGE.

DESCRIBE YOUR PREVIOUS EXPERIENCE (e.g., HS, COLLEGE, RECREATIONAL LEAGUE) _____ HO

HOW LONG HAS IT BEEN SINCE YOU LAST PLAYED _____

WHAT IS YOUR PRIMARY POSITION _____

ABILITY LEVEL: USING A SCALE OF 1 TO 10, 1 BEING THE BEST AND 10 BEING THE WORST, PLEASE RATE YOURSELF AS TRUE AS POSSIBLE (YOU WILL BE RATED LATER).

HITTING _____ FIELDING _____ RUNNING _____

RELEASE OF LIABILITY

IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY OF THE SCRIPPS RANCH OLD PROS SOFTBALL LEAGUE, I HEREBY ASSUME ALL RISKS ASSOCIATED WITH THE PARTICIPATION IN THIS SPORT AND I HEREBY WAIVE AND RELEASE ANY RIGHTS AND CLAIMS I MAY HAVE OF WHICH MAY ACCRUE AGAINST THE SCRIPPS RANCH OLD PROS OR ITS REPRESENTATIVES, AGENTS, SUCCESSORS AND ASSIGNS FOR ANY AND ALL DAMAGES OF INJURIES WHICH MAY BE SUFFERED BY ME AS A RESULT OF MY PARTICIPATION TO THIS SPORT IN WHICH PLAYERS HAVE BEEN KNOWN TO GET INJURED.

FURTHER, I HAVE BEEN ADVISED THAT, AT AN EXTRA COST TO ME, AN ATHLETIC PARTICIPANTS ACCIDENT INSURANCE POLICY MAY BE AVAILABLE FOR COVERED MEDICAL EXPENSES, LESS MY DEDUCTIBLE, IN THE EVENT THAT I BECOME INJURED PARTICIPATING IN THE SOFTBALL LEAGUE. INFORMATION REGARDING THE COST AND DETAILS OF THIS POLICY CAN BE OBTAINED FROM THE SCRIPPS RANCH OLD PROS.

I ALSO AGREE TO SUPPORT THE RULES, SPIRIT, AND TRADITION OF THE LEAGUE AND ACKNOWLEDGE OTHER PLAYERS AS MY FRIENDS AND NEIGHBORS.

SIGNATURE _____ **DATE** _____

*AGE RESTRICTION APPLIES. PROPER IDENTIFICATION MAY BE REQUIRED