



ADMINISTRATIVE USE ONLY				
PRIORITY:	1	2	3	4

COLUMBUS SKI CLUB SOFTBALL LEAGUE APPLICATION

NAME: _____ GENDER: (Circle One) **Male** **Female**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL: _____

YOUR AGE: **Under 30:** _____ **30 - 35:** _____ **36 - 40:** _____ **41 - 45:** _____
 (Mark w/ an X) **46 - 50:** _____ **51 - 55:** _____ **56 - 60:** _____ **Over 60:** _____

If your team uses a unisex, cotton blend shirt, what size? **S M L XL 2XL 3XL**

If your team uses a gender-specific sized-shirt or a dryfit more form-fitting shirt, what size? **S M L XL 2XL 3XL**

In Case Of Emergency: Contact: _____ Phone: _____

Please list the name of another person (subject to the rules) that you would like to be on the same time with.
 All people who sign up together will have the priority level of the last person to sign up for softball. (subject to lottery, and team balancing guidelines.)

SIGN UP TO PLAY WITH: _____

ADDITIONAL INFORMATION

1. If you aren't rated to pitch already, are you interested in being rated to be a Pitcher? (Circle One): **Yes No Yes (Back-up pitcher)**
2. If you pitched last season, are you interested in pitching again? (Circle One): **Yes No N/A**
3. Are you interested in being considered to be a Coach of a softball team? (Circle One): **Yes No**
4. Are you interested in being a Sponsor of a softball team? (Circle One): **Yes No Maybe**
5. Do you want to be a team's Non-Playing Assistant / Party Coordinator? (Circle One): **NPA PC N/A**
6. Have you participated in CSC softball league within the past two years? (Circle one): **Yes No**

If you haven't participated within the past two years, you will need to attend a Ratings Clinic in the Spring in order to get a rating level for the purposes of team balancing. If you do not attend a Ratings Clinic you will be waitlisted. Everyone who plays in the league must have a rating. If you received a rating within the last two years but did not play, you do not need to attend the ratings clinic.

7. Regular season games are played on Thursday evenings. If placed on a team, does your schedule permit you to attend most of your team's games? (Circle one): **Yes No**

8. The end-of season tournament takes place **all day on Saturday & Sunday August 1st & 2nd**. If placed on a team, will you be able to play in the end-of-season tournament? (Circle one): **Yes No**

SIGNATURE SECTION

I have read the sports policy and agree to abide by the policies of the Columbus Ski Club, Inc. In addition, I release the Columbus Ski Club, Inc., its directors, officers, activity leaders, employees, and agents from any and all liability and I assume all responsibility for accidents or injuries which may occur during my participation in this sport or activity.

Signature _____ Your typed signature indicates agreement _____ Date _____

NOTICE: Membership in Columbus Ski Club is conditioned upon the applicant agreeing not to hold the Columbus Ski Club, Inc., its directors, officers, activity leaders, employees, and agents liable for any theft, loss of property, any accident, injury, or death of or to its members, their children or guests attending Club activities, whether arising as a result of negligence or otherwise.