

**LB/OC Surf & Sun Softball League
Membership Application**

Personal Information Form

Applicant Information		
Name:		
Date of Birth:	Home Phone:	Cell Phone:
Mailing Address:		
City:	State:	ZIP:
Email Address:		
Check here if you do not want your email address added to the Surf & Sun mailing list <input type="checkbox"/>		
How Did You Hear About Us (circle One):		
Magazine Ad Flyer Friend Website Other _____		
Emergency Contact		
Name of person to contact in an emergency:		
City:	Phone:	
Team Affiliation		
Team Affiliation or Commitment:		
Rating / Classification (if known):	Years Playing Softball?	
Release Waiver & Assumption of Risk		
In consideration of this application, I hereby agree to release, indemnify, and hold harmless The LB / OC Surf & Sun Softball League, its officers and / or its representatives from any claim arising out of injury that I may sustain as a team participant or spectator. Further, I understand that the league does not furnish any medical insurance.		
<input type="checkbox"/> I understand that my likeness may appear in standard League photographs, and hereby relinquish all rights to said likenesses. If you do not grant this release of liability to the League, you must check the preceding box!		
Signature of Applicant:		Date:
Signature of League Official:		Date:

For official Use Only		
Membership Dues Rec'd:	Dues Rec'd By:	Date Rec'd:
Division:	Season:	Membership No.