**HUFF-N-PUFFERS**

 (MINIMUM AGE 60 YEARS OLD)

**2024 SEASON**

Registration Fees Are: $70.00 if paid prior to 2/1/24 $80.00 if paid after 2/1/24

New Players are $125.00\*

\*(Includes your dues, two shirts, and a cap)

Associates $25.00

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wife’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years with Huff-N-Puffers\_\_\_\_\_\_\_\_\_\_

City, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division Preferred: Div 1\_\_\_Div 2\_\_\_Div 3 \_\_\_

  *Division 1 is the most competitive*

Phone Number Home - \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number Cell - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact & Phone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Position Preference- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jersey Size: S M L XL XXL Registration $\_\_\_\_\_\_ Cash\_\_\_\_\_ Check\_\_\_\_\_

**New Players to the League must provide a copy of their Drivers License**

*PLAYERS NOT DRAFTED INTO DIVISION 1 WILL AUTOMATICALLY BE ENTERED INTO THE DRAFT FOR DIVISION 2*

*PLAYERS NOT DRAFTED INTO DIVISION 2 WILL AUTOMATICALLY BE ENTERED INTO THE DRAFT FOR DIVISION 3*

For e-mail, please use only CAPITAL LETTERS, like this: MYEMAIL631@YOUKNOWWHO.PHONE SERVICE

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release and Indemnification**

1. The members, officials, and managers of The Huff-N-Puffers Senior Softball Leagues are relieved of any and all liabilities due to injury, loss of life, or loss of personal property resulting from playing or participating in softball practices or games at any Huff-N-Puffers facility.

2. My signature represents that all of the information I provide is correct to the best of my knowledge. I certify that I am physically able to participate in team play and/or practice.

3. For your own safety and well-being, and the safety of others, please list any limitations, illness, or injuries which could affect your play.

None\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. New or present softball players may be moved from one Division to another Division for their safety at the league’s discretion.

5. I hereby release the Huff-N-Puffers Senior Softball League and any other sponsoring operations, players, or other personnel involved in this program from all liabilities, claims, or expenses which may arise from my participation. I have read and understand this document of consent, its contents, and all of the information contained therein. I further attest that the information given by me is true and my signature and appropriate fee is rendered in good faith.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

How many games will you miss due to Tournaments, Work or Vacations? \_\_\_\_\_\_\_\_\_\_\_\_ Veteran: YES\_\_\_ NO\_\_\_

**SEND TO D.GROVER KISTLER AT: 14566 STATION ROAD, COLUMBIA STATION, OH 44028**