Prescott Senior Softball, Inc. (PSS) registration for 2027 Season

PSS is open to players 50 years of age and over
PSS is registered with Senior Softball USA

NAME: First_____ Last_____

E-MAIL:_____PHONE: ( )_____
Please "print" your e mail address as clearly as possible.

DIVISIONS

Batting practice/pick-up games begin late January 2027. All seasonal play will be at Pioneer Park fields.

DIVISION LEVEL SKILLS

Majors Division: Players with relatively high skills and few physical limitations

AAA Division: Players with average to above average skills

AA Division: Players with modest skills and/or physical limitations

Players without discernible skills may not be able to play PSS

Please mark your choice for the division you wish to play:

Majors Division _____ AAA Division _____ AA Division _____

Would you like to volunteer? (Not mandatory)

Manager_____ Umpire_____ Field Prep_____ Social Events Help _____

FEES: The following is the PSS Fee Structure

1) Joined before July1, 2027 $100.00
2) Joined after June 30, 2027 $50.00

WAIVER MUST BE SIGNED BEFORE ONE IS ALLOWED TO TAKE THE FIELD. MONIES DUE WITH REGISTRATION. NO REFUNDS AFTER PLAYING FOUR GAMES.

Return Completed Form, with the **SIGNED Waiver on reverse side** and Payment .

(make check out to Prescott Senior Softball Inc.) Or cash to Sharon Carlin (Membership Committee Chairperson) at the field or use Zelle through your bank using the email address: **registration@prescottseniorsoftball.com** or mail check to:

Prescott Senior Softball, Inc.
P.O. Box 11462
Prescott, AZ 86301

Prescott Senior Softball, Inc. Accident Waiver and Release of Liability (AWRL)

INDEMNIFICATION AGREEMENT

I, the undersigned player does hereby acknowledge, agree and understand that. I elect to participate as a member of Prescott Senior Softball, Inc. (PSS), and I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players including, but not limited to those hazards associated with weather and field conditions, equipment and actions of the participants.

I certify that I am physically able and have not been advised otherwise by a qualified medical person, for participation in softball at the level of my registration.

I understand that no medical insurance is provided for Prescott Senior Softball, Inc. activities and agree to assume the risk for any injury related to participation. I hereby consent to receive and assume responsibility for all costs related to any medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this event.

I hereby assume all the risks of participating in this event. I agree to make no claims against PSS or any of its officers, directors, or volunteers for any injury, illness, or incident arising from this activity, however caused, including liability for negligence.

I have read and I understand the Prescott Senior Softball Code of Ethics (https://prescottseniorsoftball.com/this-is-the-front-page/player-info/). I agree to abide by this Code of Ethics, and I understand that a violation may result in suspension from Prescott Senior Softball for a period to be determined by the Board of Directors.

In consideration of my application and permitting me to participate in softball, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, the following entities or persons: PSS and The City of Prescott and their directors, officers, employees, volunteers, sponsors, teams, PSS members, representatives and agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities or alleged to be caused in whole or in part by the negligence of the City or its employees or agents or otherwise.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH OF AND EVERY ONE OF THE PROVISIONS OF THIS ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PRINT NAME OF PLAYER _____ TODAY'S DATE: _____

SIGNATURE OF PLAYER_____ Birth Year_____

Revised and Approved 11-13-2026