

NEW YORK SENIOR SOFTBALL ASSOCIATION (NYSSA)

2019 APPLICATION

PLEASE PRINT ALL INFORMATION AND SIGN WHERE INDICATED ON BOTTOM

NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

YOU MUST BE 68 BY DECEMBER 31, 2019 TO BE ELIGIBLE TO PLAY IN NYSSA

DID YOU PLAY WITH A NYSSA TEAM IN 2018? \_\_\_\_\_ NAME OF TEAM \_\_\_\_\_

DID YOU PLAY WITH A LISSA DIVISION 1-2-3-4 TEAM IN 2018? \_\_\_\_\_ NAME OF TEAM \_\_\_\_\_

WILL YOU BE PLAYING WITH A LISSA DIV.1-2-3-4 TEAM OR IN ANOTHER LEAGUE IN 2019? YES \_\_\_ NO \_\_\_

IF YES, AND YOU INTEND TO PLAY IN MAKE-UP OF RAINOUT GAMES IN DIVISION 1-2-3-4, OR IN TOURNAMENT GAMES, PLEASE BE ADVISED THAT WHEN YOU JOIN NYSSA, YOU ARE COMMITTING TO PLAYING YOUR TEAM'S REGULARLY SCHEDULED AND MAKE-UP GAMES. . FAILURE TO COMPLY WITH THIS RULE IS SUBJECT TO DISCIPLINARY ACTION. PLAYERS ARE EXPECTED TO BE AVAILABLE TO PLAY IN ALL REGULARLY SCHEDULED AND MAKE-UP GAMES.

LIST THE POSITIONS YOU PLAY IN ORDER OF PREFERENCE: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

REGISTRATION FEE IS \$100.

ALL LEAGUE PLAYERS ARE REQUIRED TO WEAR AN OFFICIAL NYSSA SHIRT FOR EACH GAME.

WHITE SHIRTS MUST BE WORN FOR ALL HOME GAMES—BLUE SHIRTS FOR AWAY GAMES.

ADD \$15 FOR EACH SHIRT YOU ORDER TO YOUR REGISTRATION FEE.

CIRCLE COLOR AND SIZE: WHITE – S – M – L – XL --2X      BLUE -- S – M – L – XL – 2X

PLEASE MAKE CHECK PAYABLE TO NYSSA. MAIL CHECK, APPLICATION AND SIGNED WAIVER AGREEMENT TO:  
JULES BALISTRERI, 41 SYMPHONY DRIVE, LAKE GROVE, NY 11755

NEW PLAYERS MUST INCLUDE A PHOTOCOPY OF THEIR DRIVER'S LICENSE.

THE 2019 SEASON WILL OFFICIALLY START MAY 6, 2019.

DOUBLE-HEADERS ARE PLAYED IN CANTIAGUE PARK AND WANTAGH PARK MONDAY AND WEDNESDAY AT 10:00 AM.

ALL APPLICATIONS MUST BE SUBMITTED BY JANUARY 31, 2019 TO BE GUARANTEED A PLACE ON A TEAM. LATE REGISTRANTS WILL BE PLACED ON A WAITING LIST.

FOR LATE ARRIVALS, INDICATE DATE OF AVAILABILITY TO PLAY \_\_\_\_\_

INDICATE ANY DATES YOU PLAN TO BE UNAVAILABLE TO PLAY BETWEEN MAY 1 AND SEPTEMBER 30 \_\_\_\_\_

THE BOARD OF DIRECTORS HAS THE RIGHT AND RESPONSIBILITY TO FORMULATE POLICY, SET PLAYING RULES, ASSIGN PLAYERS TO TEAMS, MAINTAIN GAME DECORUM AND DETERMINE IF A PLAYER SHOULD BE RESTRICTED FROM PLAYING DUE TO HEALTH, SAFETY, OR DISCIPLINARY REASONS. A PLAYER RETURNING FROM INJURY OR ILLNESS IS REQUIRED TO GET A PHYSICIAN'S NOTE INDICATING THAT THE PLAYER IS IN GOOD HEALTH AND IS ABLE TO PARTICIPATE IN LEAGUE GAMES. PLEASE SIGN THE WAIVER AGREEMENT AND RETURN WITH THIS APPLICATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

