

Rochester, MN Senior Softball (RMSS) 2020 Season Registration Form
www.rochmnss.com

Please Print Legibly

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____
Primary Phone _____ Secondary Phone _____
Birth Date _____ Email Address _____
Emergency Contact Person _____ Phone _____

Do we have your permission to use your picture on our web site? Yes No (circle answer)
Game days you commit to play (check all that apply): Mon ____ Wed ____ Drop In ____
Positions you like to play _____

Waiver Agreement

By submitting this form, I agree to the following: Neither the city of Rochester, MN, nor the Rochester, MN Senior Softball league officers assumes any responsibility for any/all personal injury or other damage sustained by anyone participating in the senior softball league, which is sponsored by the Rochester Park & Recreation Department and the Rochester, MN Senior Softball league.

I am aware that there are certain risks, including risks of personal injury associated with this activity. I voluntarily assume all such risks for myself. By signing this form, I hereby release and hold harmless the city of Rochester, MN, the Rochester MN Senior Softball league, and all coordinators, employees, and affiliated parties from any and all damages, claims, and causes of action whatsoever as a result of any loss or injury suffered by me while participating in this softball league.

I am aware that the Rochester, MN Senior Softball Association (RMSS) has recommended the use of player safety equipment such as mouth guards, facemasks, shin guards, and other protective equipment to help prevent injuries.

I have provided truthful information in this registration form and I have read and understand the waiver statement published herein. I have executed my signature voluntarily so that I may participate in this Rochester MN Senior Softball league. **The participation fee is \$40.00 for 2020.**

I understand the risk associated with COVID-19 and have read and agree to follow all RMSS COVID-19 guidelines and rules as documented on our web site (www.rochmnss.com)

Yes No (circle answer)

Signature of Participant _____ Date _____

To register by mail, please complete and mail this form to:

Ernie Hain
2514 Elmcroft Dr SW
Rochester MN 55902

To register via email & PayPal – send a completed registration form (Word doc, scan, photo) and PayPal payment to ernhain@gmail.com. Please only use Paypal if your account is tied to a savings or checking bank account. If your PayPal account is set to a credit card there are fees on our side.

For questions concerning this form or online registration, please call Ernie at 507-316-4573