

Rochester, MN Senior Dome Softball 2023-2024 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 _____

Game days you commit to play (check all that apply): Mon _____ Wed _____
Positions you like to play _____
How did you hear about RMSDS? _____

Waiver Agreement

By submitting this form, I agree to the following: Neither the State, Minnesota State, 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 dome softball league, which is sponsored by Rochester Community Technical College and the Rochester, MN Senior Dome 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 State, Minnesota State, the Rochester MN Senior Dome 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 dome 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 Dome Softball league.

I understand the risk associated with COVID-19 and have read and agree to follow all RMSS Senior Dome Softball COVID-19 guidelines and rules as documented on our website (www.rochmnss.com) By signing below, I agree to all COVID-19 requirements and restrictions.

Signature of Participant _____ Date _____

To register by mail, please complete and mail this form to:
Jim Goodman
614 Shardlow Ln NE
Byron, MN 55920

To register via email – send a completed registration form (Word doc, scan, photo) to jbgood24@hotmail.com.

You may also bring the completed and signed form with you and submit on your first day of senior dome softball.

For questions concerning this form or online registration, please call Jim at 507-696-7645