

OCALA SENIOR SOFTBALL LEAGUE (OSSL)

2024-2025 Softball Season

NAME _____ AGE ____ DOB _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL # _____
EMAIL ADDRESS _____

EMERGENCY CONTACT _____ TEL# _____

POSITIONS PREFERRED 1ST _____ 2ND _____ 3RD _____

CAN YOU PITCH? Y _____ N _____

FEE MUST BE PAID WITH APPLICATION: Cash _____ Check _____

COST: _____

NOTICE: As a participant in the OSSL, I agree to conduct myself in a sportsmanship manner, to neither taunt, degrade, use abusive language or profanity towards officials, opponents, fellow teammates, or spectators, and to abide by the rules set forth by the OSSL .

It is also fraudulent to misrepresent any information in this contract. Misrepresentation could result in player dismissal.

PLAYER SIGNATURE _____

DATE _____

shirt size _____