

Corpus Christi Senior Softball Association Player Registration Form

Please type or print legible. This form is mandatory to participate in a league organized by Corpus Christi Senior Softball association. If you are playing in more than one league. Make a copy for each league. Return completed form to your Manager for each league you participate in. A signed copy of this form by the manager and the player is to be submitted to the commissioner of the league.

Player's Name: _____ Date: _____

Street Address: (NO P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Cell Phone (XXX-XXX-XXXX): _____ Home Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Date of Birth: _____ Present Age: _____

Team _____ Age Division _____

Team Manager's Signature: _____

Player's Signature: _____

In the space below provide a copy of your driver's license or birth certificate: