

Lakeland Senior Softball League
LAKELAND PARKS AND RECREATION DEPARTMENT

October 1, 2025 thru September 30, 2026

I, the undersigned player, acknowledge, agree, and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of a softball team and League indicated above.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me and other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury to me and to other players.
4. **I will conduct myself in a good sportsmanship, with mutual respect to others at all times. I understand any infraction to this code of conduct may result in my suspension and possible permanent expulsion from play.**
5. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me while practicing or playing as a member of the team or League so designated, or while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and while on or upon the premises of any and all of the fields arranged for by my team or League for practice or play.
6. I release, discharge and agree not to sue the team and League designated above, the field owner or other entities designated; the City of Lakeland, Senior Softball USA, or their owners, officers, agents, associations, employees, or any person or entity connected with the team League, field, or other related parties for any claim, damages, costs, or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

FOR MORE INFORMATION, VISIT OUR WEBSITE AT: lakelandsrsoftball.wixsite.com/lakeland

PLEASE PRINT

Name _____ Date of Birth ____/____/____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____ Email _____

Outside Florida Address

Address _____
City _____ State _____ Zip _____
Emergency Contact _____ Phone _____

Complete items below:

Shirt size: M _____ L _____ X L _____ 2XL _____ 3XL _____

I will play: Monday _____ Thursday _____ I wish to be a pool player _____

I will arrive month _____ year _____ I will leave Month _____ year _____

Payment (\$40) due with application

FEES WILL NOT BE PRORATED

Payment Date _____

Mail To (Payable to LSS):

Lakeland Senior Softball
4820 Highlands Place Drive
Lakeland, FL 33813

Applications must be received by October 31, 2025 to make team assignments.

Player Signature: _____