Membership Registration Application

A. *Member Information (check one)* **Full Member** ☐ **Associate Member** ☐

Name: _____ Sex: ____ D.O.B. _____
First M.I. Last M/F Month/Day/Year

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: ( ) _____ Alt Number: ( ) _____ ☐cell ☐work ☐ pager

E-mail: _____

Do you want to receive HSL info via E-Mail? ☐ yes ☐ no

In Case of Emergency, notify:
Name: _____ Phone: ( ) _____

Member Release:
I hereby release Hotlanta Softball League, City of Atlanta and Metro Sports Complex from any liability for personal injury to myself during any Hotlanta Softball League game or league sanctioned activity. In waiving such liability, I hereby acknowledge and agree to abide by all Rules and regulations of Hotlanta Softball League. I understand that if I am under 21 years of age, I will be unable to participate in HSL sponsored activities that take place at establishments that have a minimum age requirement of 21 for admittance.

Date: _____ Member Signature: _____

B. Team Information

Team Name: _____ Coach: _____

DIVISION: OPEN- ☐ A ☐ B ☐ C ☐ D WOMEN- ☐ Comp ☐ Alt ☐ Recreational

Coaches Statement:
I acknowledge that the above listed player is a participant on the above stated team, is eligible, and is in good standing by the Rules and Regulations of the Hotlanta Softball League.

Date: _____ Coaches Signature: _____

FOR HSL USE ONLY

Received By: _____ Date: _____
HSL OFFICER

Member Fee Paid: $ _____ Cash Check (circle one)