



Sports and Athletics
Department of Community Services
 77 Reads Way • New Castle, DE 19720
 (302) 395-5890 (office) • (302) 395-5892 (fax)

nccdesports.com



2023 SENIOR SOFTBALL LEAGUES

M/W Senior Draft League (62+) • T/Th Senior Draft League (58+)

	M/W Senior Draft League (62+)	T/Th Senior Draft League (58+)
DAYS / TIMES	Mondays and Wednesdays, 6:00 PM	Tuesdays and Thursdays, 10:00 AM
	Practices (6) begin week of April 10, 2023	
FEE:	Resident = \$44; Non-Resident = \$49 <i>After April 1: Res = \$54; NR = \$59</i>	Resident = \$44; Non-Resident = \$49 <i>After April 1: Res = \$54; NR = \$59</i>
TO REGISTER:	Register online at nccdesports.com (credit card payment required), or complete the attached form and forward to the Sports Office with payment. Deadline is 4:00 pm, April 1, 2023 for guaranteed placement in league. Registrations will be accepted after April 1 will be subject to the new registration policy (see below).	

- Players must reach the minimum age requirement by December 31, 2023
 - Shirts and balls provided for both Senior Draft Leagues

***** NEW *** REGISTRATION POLICY *** NEW *****

- Register for either one or both leagues on this form and include the appropriate payment.
- All players registered by the April 1 deadline will be assigned to a team in the initial league draft.
- *Players registered after April 1 will be assigned to teams in a supplemental lottery held on April 11.*
- *Players who register after April 11 will be assigned to teams by the Sports Office ONLY IF NEEDED.*

2023 SENIOR SOFTBALL LEAGUES PLAYER REGISTRATON FORM

Full payment must accompany registration form. Credit cards and checks/money orders (payable to "NCC") are accepted.

Name	Email		Birth Date	
Address			City, State, Zip Code	
Home Phone	Work Phone	Cell Phone		Cell Carrier (for text messaging)
Circle League Preference:	M/W League - 62+ \$44 (NR: \$49), <i>After April 1 = \$54 (NR \$59)</i>		T/Th League - 58+ \$44 (NR: \$49), <i>After April 1 = \$54 (NR \$59)</i>	
Position:	Primary Position (specify position or "Infield" / "Outfield")		Secondary Position (specify position or "Infield" / "Outfield")	
Team Rating: (Circle One)	1 (Novice)	2	3 (Intermediate)	4 5 (Competitive)
Shirt Size: (Circle One)	M	L	XL	XXL XXXL

For Office Use	Date	Amount	Check Name	Check No. / Bank No.
----------------	------	--------	------------	----------------------

For Credit Card Payment Only

American Express, Discover, MasterCard, and Visa accepted. Registration will be processed upon receipt of credit card information.

Check here to pay with a credit card. You will be contacted by staff for payment information.

Please complete the reverse side of this form.



For fastest access to program announcements, league information, and game-day weather updates, follow the Sports Office on Twitter [@nccdesports](https://twitter.com/nccdesports). Softball program details are tagged [#NCCSoftball](https://twitter.com/nccdesports).

ADULT PARTICIPATION AGREEMENT

I request permission to participate in the 2023 Softball Leagues (the Program) sponsored by the New Castle County Department of Community Services. I agree to abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the Program and the use of the facilities provided for the Program. I understand that my failure to observe these rules may result in my being excluded from participation in the Program.

I represent that I am physically able to participate in the Program. I fully understand and agree that my participation in the Program may entail the risk of physical injury. I agree to assume such risk and to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, resulting from my participation in the Program. I further agree to release, indemnify and hold harmless the Program and New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of my participation in the Program.

I will be personally responsible for any financial cost incurred as a result of my participation in the Program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for loss, misplaced, stolen and/or damaged personal property and I hereby agree to release New Castle County from any such liability.

The undersigned has read and voluntarily signed this waiver slip.

Name (print) _____ Date _____

Signature _____