

# Lincoln Hills Senior Softball League (LHSSL) Application 2025

Membership is open to legal residents only. All members will be verified by SCLH Community Association.

<b>Last Name:</b>		<b>First Name:</b>	
<b>Street:</b>		<b>Phone:</b>	
<b>EMAIL: (Print legibly)</b>		<b>Emergency Contact Name:</b>	
		<b>Emergency Contact Phone:</b>	
<b>Age:</b>	<b>Date of Birth:</b>	<b>Hometown for Opening Day Program:</b>	
<b>1) Which position do you prefer to play?</b>		<b>Name only one:</b> _____	
<b>2) Where else can you play?</b>		<input type="checkbox"/> Infield	<input type="checkbox"/> Outfield <input type="checkbox"/> Pitcher
<b>3) Would you be willing to pitch with training?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>4) Do you want a courtesy runner?</b>		From Plate: <input type="checkbox"/> YES <input type="checkbox"/> NO	From Base: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>5) Do you want an immediate family member on your team?</b>		If YES, who:	
<b>6) Please provide dates for absences longer than <b>ONE</b> week from April through August.</b>		Dates:	
		If dates unknown, <b>total days</b> you will miss:	
<b>7) Enter the last year you played in LHSSL. If this is your first time, enter <b>NEW</b></b>		Year:	

**Release of liability. Please read carefully. In consideration for my being permitted to participate in LINCOLN HILLS SENIOR SOFTBALL LEAGUE (LHSSL) activities, I acknowledge and agree that:**

**1.** I understand that serious accidents occasionally occur during softball activities and that participants occasionally sustain serious personal injuries, illness, death, or property damage as a consequence thereof; and **2.** Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, **3.** LHSSL does not provide medical insurance; and, **4.** Knowing the risks, I have voluntarily applied to participate in LHSSL activities and hereby agree to assume those risks and to release the LHSSL, its officers, directors and volunteers and SCLHCA, its officers, directors and employees (collectively “RELEASES”) who might otherwise be liable to me; and, **5.** I, individually and on behalf of my heirs, assigns, and personal representatives and next of kin, voluntarily agree to release, waive, discharge, and hold harmless RELEASES from and for any liability resulting from my participating in any LHSSL activity from any cause, including negligence, to the fullest extent permitted by law. Additionally, I agree to indemnify and defend RELEASES from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney’s fees, arising from, or in any way related to my participating in any LHSSL activity. **6.** I further agree to abide by the Bylaws; Policies, Procedures and Regulations; and Playing Rules of LHSSL. **I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I am giving up substantial rights by signing it, and sign it voluntarily.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Do not write in this box. For Board use only.**  
**Send application and payment to Secretary:**

**Steve Tadevich**

1982 Gatehouse Lane

Lincoln, CA. 95648 Cell: (530) 957-8070

lhsoftballweb@gmail.com

**Make check payable to LHSSL**

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Dues for Participation—check box on left for all you are paying for**

<b>REFUND POLICY:</b> Based on the month you cancel membership <i>If requesting a refund, it must be in writing to the Secretary</i>		Month 1 100%	Month 2 75%	Month 3 50%	Month 4+ 0%
<input type="checkbox"/>	<b>A. RECREATION—COED DIVISION</b> <b>Entitles you to:</b> 1. Summer League Play 2. Weekend Practice 3. Fall Fun Ball 4. Tryout for a traveling tournament team (additional fees assessed if you make the team, e.g., tournament entry fees/dues) 5. Any volunteer position listed below <u>Check all your interests:</u> <input type="checkbox"/> Manager <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Umpire <input type="checkbox"/> Scoreboard Operator	<b>\$50.00</b>	<b>Shirt Size:</b> M _____ L _____ XL _____  2XL _____ 3XL _____		
<input type="checkbox"/>	<b>B. WOMEN’S DIVISION</b> <b>Entitles you to:</b> 1. Summer League Play 2. Practices 3. Fall Fun Ball 4. Any volunteer position listed below <u>Check all your interests:</u> <input type="checkbox"/> Manager <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Umpire <input type="checkbox"/> Scoreboard Operator	<b>\$50.00</b>	<b>Shirt Size:</b> XS _____ S _____ M _____ L _____ XL _____  2XL _____ 3XL _____		
<input type="checkbox"/>	<b>C. TRAVELING TOURNAMENT TEAM MEMBER—<u>NOT</u> playing in Summer Recreation League. Entitles you to:</b> 1. Eligibility for tournament play ( <b>tryout required</b> , plus additional fees if making the team, e.g., tournament entry fees/dues). <u>Note:</u> Members of LH tournament teams—Coyotes, Sun Eagles, and Classics—are required to be members of the LHSSL 2. Weekend Practice 3. Fall Fun Ball	<b>\$25.00</b>			
<input type="checkbox"/>	<b>D. FUN (FALL) BALL/WEEKEND PRACTICE</b> This entitles you to: 1. Fall Fun Ball 2. Weekend Practice	<b>\$25.00</b>			
<input type="checkbox"/>	<b>E. NON-PLAYING MEMBER</b> <u>Check your interests, if any:</u> <input type="checkbox"/> Manager <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Umpire <input type="checkbox"/> Scoreboard Operator	<b>\$15.00</b>			
<b><u>TOTAL DUE:</u></b>			<b>NOT to exceed \$100.00</b> <b>(payable to LHSSL)</b>		