

**Ottawa Competitive Senior Slo-Pitch League (OCSSPL)**  
**Application Form - 2025**

**First Name**

**Last Name**

**Date of Birth (DD/MM/YY)**

**Address**

**Uniform Size**

Street

City

Postal Code

S M L XL XXL

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Method of Contact (select one)    Email    Home Phone    Work Phone    Cell Phone

What position(s) are you best suited to play?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have any medical conditions which the League Executive or Team Manager should be made aware of? (serious allergies, heart condition, diabetes, epilepsy, etc)    **Yes**    **No**

If yes, please describe. \_\_\_\_\_

*It is recommended that you discuss taking part in this activity with your family physician.*

Do you carry any medical alert or medication with you, if so, where is it located? \_\_\_\_\_

Do you intend to miss 2 or more weeks of the season, **Yes**    **No**    If yes, please provide dates if possible.

**Waiver / Release & Indemnity**

I, the undersigned:

- Understand all risks involved in playing slo-pitch and agree that I will not hold the Ottawa Competitive Senior Slo-Pitch League (hereafter known as the OCSSPL), its Executive, Managers, sponsors, volunteers, and other players for any injury, loss or damage to my person, reputation, or property howsoever caused, arising out of or in connection with my taking part in slo-pitch activities including but not limited to participation in games, practices, social events, and travel to and from events hosted by OCSSPL.
- Agree to abide by all OCSSPL rules and I understand that I can be suspended or removed from the OCSSPL (with no refund) for such behaviour that fails to comply with rules, code of conduct, regulations, orders, directives, and policies established by the OCSSPL. See OCSSPL website for Constitution, Rules and Regulations.
- Understand that OCSSPL reserves the right to publish and use the name and photographs of any participants involved in OCSSPL events
- In addition, pursuant to the Province of Ontario's Information and Privacy Act, I consent to the use by the OCSSPL of information about me for the sole purpose of OCSSPL related activities.

Please send the completed and signed application form **before March 15, 2025** to [ottawaseniorslopitch@gmail.com](mailto:ottawaseniorslopitch@gmail.com). Your \$170.00 registration fee must be e-transferred to [ottawaseniorslopitch@gmail.com](mailto:ottawaseniorslopitch@gmail.com) at the same time. Failure to pay voids your registration. If you are having trouble with either requirement please send an email to [ottawaseniorslopitch@gmail.com](mailto:ottawaseniorslopitch@gmail.com)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_