

RELICS 2026 REGISTRATION

First Name: _____ Last Name: _____

Birth Year: _____ Phone - Cell: _____ Home: _____

E-mail address: _____ Mailing Address: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Please check one box for any **playing restrictions**: ☐ Play Tuesdays only; ☐ Play Thursdays only:
☐ Play games before 10:30 am only; ☐ Play games after 10:30 am only; ☐ On 68+ Travel Team
☐ No restrictions and I plan on playing what % of the 40+ games: ☐ 100%; ☐ 75%; ☐ 50%.

Dates I am not available (periods greater than 2 weeks) _____

_____ **Earliest Date I am available to start:** _____

Position Choice: (mark first choice with 1, second choice with 2) (Position choice not guaranteed)

Pitcher _____ Catcher _____ 1st Base _____ 2nd Base _____ Short Stop _____ 3rd Base _____ Rover _____ Outfield _____ Coach Only _____

Shirt Size (unisex): ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large; ☐ I would like a cap with my shirt (optional)

AGREEMENT

I request to become a player in the Grants Pass RELICS Senior Softball Association (RELICS). I understand the RELICS is a recreational league. The RELICS has a Board of Directors, Bylaws and Playing Rules. I will comply with the decisions of the Board, the Bylaws and the Playing Rules. I will abide by the ordinances, rules and other requirements of the jurisdiction and owners of the properties where the Grants Pass RELICS Senior Softball events are held. ☐ I agree

REPRESENTATION

While my softball skills may be a bit rusty, I do understand the game and possess the basic skills to play the game. My health and physical condition are sufficient to play with the RELICS. ☐ I agree

WAIVER

By checking the box below, I understand there are risks of accidental injury when I play softball. I understand the RELICS do not carry health insurance for the players. I agree that I will hold harmless (not sue nor try to recover expenses) from the City of Grants Pass, the RELICS, any RELICS Director, any RELICS sponsor and any other player(s) involved in the accidental injury. This waiver applies to any person or entity entitled to act on my behalf. ☐ I understand and agree

UNSPORTSMANLIKE CONDUCT: Unsportsmanlike conduct includes, but is not limited to, the failure to accept the decisions of the umpire or team manager, taunting or degrading an opponent or teammate, abusive or profane language, or any other demeaning language or act that could be considered unsportsmanlike. Any player engaging in unsportsmanlike conduct or failing to abide by RELICS and SSUSA rules is at risk of ejection from a game. Extreme, excessive, or repeat instances of unsportsmanlike conduct or failure to follow established rules could result in suspension and/or termination from the RELICS. All such acts will be reviewed by the RELICS Board of Directors who will render the decision to either suspend or terminate from the GP Relics.

☐ I understand and agree

The registration fee is \$60 if paid by April 11th, payable in cash or check. After April 11th the fee is \$70.

Players 80 years and over, pay only 50% of the registration fee.

YOUR REGISTRATION IS *INCOMPLETE* IF YOU DID NOT AGREE TO ALL THE ABOVE AND UNTIL PAYMENT HAS BEEN RECEIVED BY THE RELICS.

E-mail and Phone Number Use Policy: The use of e-mail addresses and phone numbers, including text messaging, is limited to authorized personnel of Grants Pass RELICS Senior Softball only. Your e-mail address and phone number will never be made public by Grants Pass RELICS Senior Softball and will not be sold for commercial purposes. Receiving e-mail and text alerts is only an option and not a requirement for registration and participation in Grants Pass RELICS Senior Softball.

Print your Name

Your Signature

Date

For BOD Only – Form Accepted _____ Paid by Cash _____ OR Check _____ Date Recvd _____ Recvd By _____