NEW PLAYER PREVIOUS SOFTBALL EXPERIENCE:

Printed name:	Phone #
Leagues joining	Email
When was the last time you played softball?	At what level did you play?
Your height: Your weight: Po	sitions you can play:
Positions you cannot play due to physical limitations	3
Bat: Right or Left	
Throw: Right or Left	
Running Speed:	Slow
Usual position in the batting order:	
Comments:	
Are you currently certified in any of the following?	
☐ First Aid ☐ CPR ☐ AEI	D
How did you hear about Golden Senior Softball Club, Sacramento?	
☐ Know following active Club Member	
Newspaper	
☐ Magazine	
☐ Radio/TV	
☐ Internet / Club Website	
Other	