



# NORTH TAMPA BAY SENIOR SOFTBALL, INC.(NTBSS) PLAYER REGISTRATION FORM – 2026-2027 SEASON

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Like To Be Called

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Contact Number(s)(HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

Shirt Size: **CIRCLE ONE:** S M L XL 2XL 3XL ALREADY HAVE  
2 SHIRTS?-CIRCLE – YES OR NO

E-mail Address **PRINT CLEARLY:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Today: \_\_\_\_\_

First Emergency Contact: \_\_\_\_\_ 1st Contact Number: \_\_\_\_\_

If needed:

Second Contact: \_\_\_\_\_ 2nd Contact Number: \_\_\_\_\_

Any extended away time planned? YES or NO. Dates or number of Fridays you may miss: \_\_\_\_\_

If you are currently out of town, enter **DATE** you will be back in town ? \_\_\_\_\_

## PREFERENCES

What softball position(s) do you play? (Used for the draft):  
\_\_\_\_\_  
\_\_\_\_\_

Signature verifies you have received, read, signed Player’s contract and/or Manager’s contract, Waiver/Release of Liability, provided proof of age if requested, I acknowledge that NTBSS is associated with Parks, Recreation and Natural Resources of Pasco County, and will abide by the rules and regulations thereof. I further acknowledge and agree to abide with current NTBSS Rules and Senior Softball USA (SSUSA).  
***I acknowledge that NTBSS is an invitational league.***

**CIRCLE:** \$80.00 dues - cash, money order, check (payable to **NTBSS, Inc.**) and/or mail to:  
Jeff Holden, 11434 Bathgate Ct., New Port Richey, FL 34654

Player Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_