



CASTLE ROCK SENIOR SOFTBALL

PLAYER PROFILE

Name: _____ Spouse's Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Fees: *CRSC Membership Fee \$36 Team Fee \$34*

Email: _____

Home Phone: _____ Cell Phone: _____

Team Selection (Please check the team that you are associated with)

- Rockers (50+ team) *Wes Johnson, Manager*
- Rockies (50+ team) *Preston Shepherd, Manager*
- Rocks (70+ team) *Wes Johnson, Manager*

Emergency Contact Information

Name: _____ Cell Phone: _____

Medical Information (Priorities you want the Manager to be aware of)

Position Preferences (list three defensive positions you would like to play)

1ST Choice: _____ 2ND Choice: _____ 3RD Choice: _____

Make-up Game Preferences (list two weekday choices you'd want to play a make-up)

1ST Choice: _____ 2ND Choice: _____

Team Responsibilities (I would like to help with the following Team Responsibilities)

Driver for Away Games Fund Raising Refreshments Equipment

Comments (Priorities you want the Manager to be aware of; please include days you know you will be absent or on vacation)
