



CSSA UTAH NON-RECOVERING PLAYER FORM



If you do not meet the eligibility requirements of the Clean and Sober Softball Association as outlined in the "CSSA UTAH General Eligibility" then you must complete and submit this form to CSSAUTAH@GMAIL.COM

Name: _____ Team Name: _____

Cell Phone: _____ E-mail Address: _____

REASONS FOR NON-RECOVERING PLAYER:

I am an eligible player's: Wife, Husband, Significant other, Mom, Dad, Brother, Sister, Son, Daughter (in-laws and step included).

My relationship to player _____

Qualified Player's Name _____ Team _____

OR

I am treatment center staff:
(Allowed to play only on the inpatient treatment center team they are employed with)

Treatment Center Name _____ Team _____

Please Sign Below

The signature below certifies that the undersigned will conform to all CSSA rules and by-laws.

Signed (player) _____ Print Name _____ Date _____

Coach Signature _____ Print Name _____ Date _____