

Cape Coral 50+ Senior Softball League. Inc.

APPLICATION Fall 2024 Season

NAME _____
ADDRESS _____
TELEPHONE _____ CELL _____ EMERGENCY _____
EMAIL ADDRESS _____ SHIRT SIZE _____
DATE OF BIRTH _____ AGE _____ PREFERRED POSITION(S) _____
DATES YOU MAY BE ABSENT _____

I ACKNOWLEDGE THAT I ASSUME FULL RISK OF INJURY DURING MY PARTICIPATION IN ACTIVITIES ASSOCIATED WITH THE CAPE CORAL 50+ SENIOR SOFTBALL LEAGUE, INC. I ACKNOWLEDGE THAT THE LEAGUE IS UNDER THE SUPERVISION OF THE CAPE CORAL PARKS DEPARTMENT AND AGREE TO FOLLOW AND ABIDE BY ALL THE RULES AND REGULATIONS OF THE CITY OF CAPE CORAL.

I AGREE TO ABIDE BY THE LEAGUE'S CODE OF ETHICS AND THE LEAGUE'S WRITTEN RULES. ALL NEW PLAYERS SHALL ATTEND AT LEAST ONE EVALUATION PRACTICE. EVALUATIONS WILL BE HELD DURING OUR WEEKLY SATURDAY LEAGUE PRACTICES AT THE CITY'S SPORTS. NEW PLAYERS THAT DO NOT ATTEND AN EVALUATION PRACTICE MAY NOT BE PERMITTED TO PARTICIPATE IN THE DRAFT.

REGISTRATION FOR THE FALL SEASON IS **\$85** AND EITHER CASH OR CHECK ARE ACCEPTED. NO APPLICATION WILL BE ACCEPTED WITHOUT PAYMENT. APPLICATION ALONG WITH YOUR PAYMENT CAN BE PROVIDED TO ANY BOARD MEMBERS. **CHECKS MUST BE MADE PAYABLE TO CAPE CORAL 50+ SENIOR SOFTBALL.** YOU CAN ALSO MAIL YOUR APPLICATIONS WITH PAYMENT TO:

CAPE CORAL 50+ SENIOR SOFTBALL LEAGUE, INC.
P.O. BOX 150033
Cape Coral, FL 33915-0033

I HAVE READ AND AGREED TO THE ABOVE AND FULLY UNDERSTAND ALL THE CONDITIONS LISTED IN THIS APPLICATION. I ALSO ACKNOWLEDGE THAT I HAVE READ, FULLY UNDERSTAND, AND WILL ABIDE BY THE LEAGUE'S PLAYERS CODE OF ETHICS.

SIGNED _____ DATE _____

For further information call: Tony Volpe – 315-246-5056, Julio Lock – 239-823-0134, Bill Hoover- 970-261-0023, or Tom Busatta – 239-410-9529