

# 2025 MSSA Player Registration Form

## Marion Senior Softball

The 65 & over league plays on Monday evenings, the 50 & Over league plays on Tuesday evenings, and the 60 & Over league plays on Thursday evenings at Kennedy Park. These three leagues are part of the Marion Senior Softball Association (MSSA). Our website is [www.marionseniorsoftballassociation.com](http://www.marionseniorsoftballassociation.com).

For this season, the leagues' eligibility ages are: 50 for 50 & Over, 58 for 60 & Over, and 63 for 65 & Over. NOTE: Players must be that age by Dec. 31 of current year. All leagues are USA sanctioned and play 12 regular season games. A year end tournament for each league is held after league play is over.

All three leagues hold annual player selections (drafts) in attempts to keep the teams balanced. Coaches will meet on or before **April 4, 2025** to select their teams. All teams have sponsors and team shirts. MSSA rents the field, procures umpires, scorekeepers and announcers & also keeps the park, concession stand and restroom facilities clean. The league **games will begin the week of April 28, 2025**.

If you would like to join us, please fill out the form below and enclose a **player fee of \$30** for one league, **\$60 for two**, or **\$90 for all three**. Please make your check payable to **MSSA** and send it to the address below.

**All players are required to sign a waiver of liability form to participate.**

**The player fee must be paid before your name is entered for team selection. Any player who joins after the selection process will be subject: (1) to be put on a "reserve" list until that player can be placed on a team, and (2) to be assessed a \$10 late fee.**

**Return Form to: Jerry Fagan, 10027 Rubins Road, LaRue, Ohio 43332.**  
**BEFORE APRIL 4, 2025** so we can be sure to include your name in the draft.

For additional information, text or call Jerry Fagan at 419-957-3227.

\*\*\*\*\*Please Print\*\*\*\*\*

Cut on the line and return the form below with your player fee.

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### Marion Senior Softball Association 2025 Player Draft Registration

Player Name \_\_\_\_\_ 50 & over \_\_, 60 & over \_\_, 65 & over \_\_  
Please Indicate which league(s) you would like to play in

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

E Mail Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No \_\_\_\_\_

Preferred Field Position (if any) \_\_\_\_\_

Bats: R \_\_ L \_\_ Shirt: Size \_\_ No. \_\_ Comments: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_