



Application for Summer 2025

Name: _____ Phone: _____

Email: _____

DOB: _____

Emergency contact name: _____ Emergency contact phone: _____

Shirt size: _____ Preferred position(s): _____

Days you may be absent or part time status if known: _____

Comments - give details if you are not planning on playing full time _____

✓ All NEW players must attend at least one assessment: April 14, 16 or 21 (5-6pm)

✓ Submit check with application in the amount of \$ 85 or pay by credit card on our website <http://www.halfcenturysoftball.com>
(FYI: Fee must be paid prior to the draft)

✓ Deadline for submitting applications and payment: **April 23**

✓ Game Times: Mondays & Wednesdays, 6:30pm & 8:00pm.

All Games will be played @

Cape Coral Sports Complex

1410 Sports Blvd

Cape Coral, FL 33991

✓ The League draft date is: Friday April 25 **(Managers & Board)**

✓ First Game: Wednesday April 30

I acknowledge that I assume risk of injury during my participation in activities sponsored by Half Century Plus Softball, Inc. I also agree to hold the league, its officers, or agents harmless of any such injuries, related or associated with the activities of this league. I recognize that the league does not conduct physical conditioning in order to participate in strenuous activities for this league. **Play at your own risk.**

All players shall only use gloves and bats that are considered legal by ASA/USA rules. Each bat used by players that are not on the approved list **MUST** have a legible 2000, 2004 or newer ASA/USA certification stamp or it will be considered illegal per ASA/USA rules. All players are to make themselves aware of both league and ASA/USA rules. All paid applicants will be drafted and assigned to a team.

Signature: _____ Date: _____

