

**COLLIER COUNTY SUPER 60 SOFTBALL INC
2025 APPLICATION**

Website: colliercountysuper60softball.org

The Collier County Super 60 Softball League runs November thru December with Practice Pick-Up games, continues in January through March with a competitive team segment, and resumes Pick-Up games through April. To be eligible to play you must reach your 60th birthday before year end 2025. Women must reach their 50th birthday by the same date.

Please complete all the information below, sign, and return the application with a payment of \$135 postmarked by December 1st 2024 Applications received after that date will be accepted dependent on team positions available. Players are drafted or assigned based on application dates. New players will be rated during the practice season prior to team placement.

Please make all checks payable to Collier County Super 60 Softball, Inc. and mail your application to: **Nick Layton, 10146 Biscayne Bay Lane, Naples, FL 34120, (239) 287-8322.**

Player Information/Liability Release (Document Consent)

Please Print Legibly and fill in ALL fields

Name: _____ DOB/____/____
Last First

FL Address: _____ Year Round Florida Resident: Y_N____
Street, City, Zip

Local Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Jersey Size (S, M, L, XL, 2xl, 3xl) _____

If not a permanent resident:

FL Arrival Date: ____/____/____ Departure date: ____/____/____ **These dates are important!**

Are you a returning player? Y _ N____ Years in Super 60 _____

Can you play Outfield? Y ____ N____ Can you play Infield? Y ____ N____

Preferred Defensive Positions: (1) _____ (2) _____ (3) _____

Are you able to manage a team if needed? Y ____ N____ This Season _____ Next Season _____

What are you applying for? Regular Player _____ Reserve Player _____

League Play is from early January through March. **Do you expect to be absent ANYTIME during this period?**

If Yes, list dates: From/To _____ From/To _____ From /To _____

Emergency Contact: _____ Phone: (____) _____

1. My signature represents that all information I provide is correct and to the best of my knowledge. I certify that I am physically able to participate in team play and/or practice.

2. Please list any limitations, illnesses or injuries, which could affect your play:

Limitations: _____ **or None:** _____

3. I hereby release the members, officials and managers Collier County of Collier County Super 60 Softball, Inc. and players or any other personnel involved in this program from all liabilities, claims or expenses that may arise from my participation. I have read and understand the Document of Consent, its contents, and all information contained herein. I further attest that information given by me is true and my signature and appropriate fee is rendered in good faith.

Signature: _____ Date: ____/____/____