## COLLIER COUNTY SUPER 60 RECREATIONAL LEAGUE 2021 APPLICATION

Website: colliercountysuper60softball.org

The Collier County Super 60 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 60'Th birthday before year end 2021. Women must be reach their 50'Th birthday by the same date.

Please complete all the information below, sign, and return the application with a payment of \$90 postmarked by November 15'Th 2020. 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 65 and mail your application to: **Robert J Gentile**, **101 Forest Lakes Blvd.**, **#202**, **Naples**, **FL 34105** (239-298-4582).

## Player Information/Liability Release (Document Consent) Please Print Legibly and fill in ALL fields

Name:		DOB/
Name: Last	First	
FL Address: Street, City, Zip		Year Round Florida Resident: Y_N
Local Phone: ( )	Cell Phone:	( )
Email:	Jers	sey Size (S, M, L, XL, 2xl, 3xl)
If not a permanent resident:		
FL Arrival Date: / / Depa	arture date: / /	These dates are important!
Are you a returning player? Y _ N	Years in Super 60	
Can you play Outfield? YN	Can you play Infield?	Y N
Preferred Defensive Positions: (1)	(2)	(3)
Are you able to manage a team if need	ed? YN	This SeasonNext Season
What are you applying for?	Regular Player	Reserve Player
League Play is from early January thro	ugh March. Do you expect to be	e absent ANYTIME during this period?
If Yes, list dates: From/To	From/To	From /To
Emergency Contact:		Phone: <u>(</u> )
<ol> <li>My signature represents that all info physically able to participate in team plants.</li> <li>Please list any limitations, illnesses</li> </ol>	ay and/or practice.	o the best of my knowledge. I certify that I am ur play:
Limitations:		or None:
personnel involved in this program from	n all liabilities, claims or expense its contents, and all information o	y of Collier County Super 60 and players or any other s that may arise from my participation. I have read and contained herein. I further attest that information given faith.

Signature:

Date: / /