

## **2025 MARCO ISLAND SR. SOFTBALL REGISTRATION FORM: (Season Dates: January 6th-March 31st)**

The Marco Island Sr. Softball League seeks to provide a place where individuals can enjoy playing with those of similar abilities in a setting that promotes sportsmanship, camaraderie, socialization and healthy competition. **Registration forms and fee payment are due by 9/2/24** so that the Player Personnel Committee can recommend to the Board the # of teams, players per team, draft days, etc. **The Registration Deadline of September 2, 2024 is a change from previous years. We will not accept any Registrations received after September 2, 2024.**

The Members of the Player Personnel Committee are:

Bill Thompson, Committee Chairman, 312-405-0296

Mitch Eil, Director, 518-817-3463

Bill Moors, Director, 239-595-3986

To be eligible, an applicant must be 55 years of age as of 1/1/25 and live in the “defined geography” of Marco Island, Goodland, Fiddlers Creek, Isles of Capri or Hammock Bay. All players from the 2024 season rosters as well as previous years players, Alums, will be exempt from living in the “defined geography” and will be grandfathered in terms of eligibility. If our registration process results in over subscription based on our available number of draft slots, we will follow this prioritization: 1. 2024 Roster Players, 2. Alums, 3. New Applicants from Marco Island and Goodland, 4. New Applicants from Fiddlers Creek, Isles of Capri, and Hammock Bay. Any applicant not accepted will be refunded their full application fee.

**SUBMITTING AN APPLICATION DOES NOT GUARANTEE PARTICIPATION. The registration fee will be refunded if an applicant informs the league prior to the drafts in early November 2024 that he is unable to play, is not selected in one of the three division drafts, or for other personal reasons which would require Board approval for a refund.**

- 1. Players must be available to play the entire three months of the season: January 6th-March 31, 2025. We will not register players who cannot commit to this full timeframe since we are often “oversubscribed” with the number of applicants submitting a registration form.**
- 2. New players must complete the attached self-evaluation form and provide a copy of their driver license for proof of age. New applicants who own property must submit a copy of a utility bill, cable bill, etc to prove they are within our “defined geography. New players who rent must provide a copy of the front page of their rental agreement noting a minimum of three month stay: January 1-March 31st 2025. New Players will not be considered as registered until age and location documents are provided to the Player Personnel Committee.**

In order to be placed in the appropriate division based on skill set, the Commissioner and some of the Board Members will be available during the summer and fall as pick-up games occur at Winterberry Field on Monday, Wednesday and Friday mornings. New applicants are encouraged to participate in these pick-up games. There will be two Evaluation Days scheduled on Friday October 25<sup>th</sup> and Saturday October 26<sup>th</sup> prior to the Island Division Draft on Saturday November 2<sup>nd</sup>.

- 3. All players and coaches are required to sign and adhere to the League Code of Conduct, attached. This pledges that participants will demonstrate behavior that aligns with the highest levels of sportsmanship and good taste, both on and off the field.**

Please view our website: [www.marcoseniorsoftballleague.com](http://www.marcoseniorsoftballleague.com) for further League information and updates.

**Age Requirement: Player must be 55 years of age by January 1, 2025. Registration fee is \$150. Checks and printed registration forms must be mailed. No email registrations will be accepted.**

**\*PLEASE MAKE CHECK PAYABLE TO: Marco Island Men's Senior Softball League**

**\*Mail Registration Forms, checks, signed Code of Conduct, and if a New Applicant, copies of driver license and proof of location within our "defined geography" to:**

**Bill Moors  
1165 Bond Court  
Marco Island, FL 34145**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Florida Address \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Northern Address \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Arrival/Departure Dates for the Season \_\_\_\_\_

Position Preference: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Preferred Division Please mark one: Island \_\_\_\_\_ Marco \_\_\_\_\_ Gulf \_\_\_\_\_ None \_\_\_\_\_**

**While we recognize your preference, registrants must play in the Division in which they are drafted.**

**I WOULD LIKE TO BE CONSIDERED FOR THE ROLE OF TEAM MANAGER: YES \_\_\_\_\_ NO \_\_\_\_\_**

**I WOULD LIKE TO ASSIST AS A COACH/SCOREKEEPER IN ANOTHER DIVISION: YES \_\_\_\_\_ NO \_\_\_\_\_**

**I WOULD LIKE TO BE CONSIDERED AS AN UMPIRE WHICH IS A COMPENSATED POSITION:**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

Have you had any medical procedures this year that may affect you playing softball? (Hip, Knee, Shoulder, Other) What is your recovery status? (Use other side if necessary)

**IT IS YOUR RESPONSIBILITY TO CONTACT THE PLAYER PERSONNEL COMMITTEE OF ANY CHANGES TO YOUR HEALTH STATUS PRIOR TO 11/1/24 THAT MAY AFFECT YOUR PARTICIPATION.**

**MANAGERS NEED TO BE AWARE OF PLAYERS AVAILABILITY THROUGHOUT THE THREE MONTH SEASON. IF YOU WILL NOT BE AVAILABLE FOR ANY REASON BETWEEN JANUARY-MARCH 31 PLEASE**

**NOTE THOSE SPECIFIC DATES: \_\_\_\_\_**

**NEW PLAYER SELF EVALUATION**

**NAME** \_\_\_\_\_

**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

**How would you rate your physical condition to play competitive softball?**

**Excellent** \_\_\_\_\_ **Good** \_\_\_\_\_ **Fair** \_\_\_\_\_

**When did you last play softball and at what level?**

**Please evaluate your ability in the following areas:**

<b>Skill</b>	<b>1=Lowest</b>					<b>5=Highest</b>					<b>Left or Right</b>		
Throwing	1	2	3	4	5							L	R
Fielding	1	2	3	4	5								
Hitting	1	2	3	4	5							L	R
Running	1	2	3	4	5								

Additional comments that may assist the Player Personnel Committee to assess your skill level may be provided on the other side of this page.

A member of the Player Personnel Committee will contact you once your application, fee and related documents are received to further discuss the League.

We encourage New Applicants to participate in the pick-up games held on Monday, Wednesday and Friday mornings at Winterberry Field from April-November. This allows New Players to meet the guys, get in shape and allows the Board Members to assess your skill set which is shared with the Managers prior to the draft dates. Updated information can also be found on the League Website:

[www.marcoseniorsotballleague.com/](http://www.marcoseniorsotballleague.com/)

The Player Personnel Committee will also conduct Evaluation Days on Friday October 25<sup>th</sup> and Saturday October 26<sup>th</sup> prior to the Island Division Draft on Saturday November 2nd.

Please indicate dates that you would be available for Evaluation

Day: \_\_\_\_\_

## MARCO SENIOR SOFTBALL LEAGUE CODE OF CONDUCT

As a participant in the Marco Senior Softball League, I pledge to conform to the following Code of Conduct:

1. To embrace the values of good sportsmanship.
2. To lead by example by demonstrating fairness, respect and self-control.
3. To refrain from the use of profanity on the field and in the dugout.
4. To treat all Officials, Managers, and Players with respect regardless of individual differences.
5. I will abide by the rules of the Marco Island Senior Softball League.
6. I will only use bats approved by the Marco Island Senior Softball League, and pledge that those bats will not be changed or altered in any way.
7. I will not engage in any activity, on or off the field, that reflects poorly on the Marco Senior Softball League.

**FAILURE TO COMPLY WITH THIS CODE OF CONDUCT MAY RESULT IN DISCIPLINARY ACTION BY THE BOARD OF DIRECTORS UP TO AND INCLUDING SUSPENSION.**

I hereby certify that I am 55 years of age or older as of 1/1/2025. I also live in the “defined geography” of the League. I realize that there are risks involved in playing competitive softball and hold the Marco Senior Softball League harmless in the event of an injury. I certify that I am physically fit to play competitive softball. Residency requirements will not apply to anyone who has previously played in the League.

NAME \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_