



# WEDNESDAY OVER 70 SENIOR LEAGUE 2025 Application

All applications and fees must be received by February 28. Players signing up late or not drafted for the league will go onto a waiting list. Entry Fee: \$55.00 Fee covers the League Entrance Fee and the City Tournament Fee. Make check payable to Wednesday Over 70 Softball League.

Mail check and application to:

**WEDNESDAY OVER 70 SENIOR LEAGUE**  
70 Creekview Ct  
Springboro, OH 45066

*All players must sign an application.* Fill out the information below.

Name: (print) Harvey  
Curran \_\_\_\_\_

Address: 249 Northwood  
Dr \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ C Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Positions \_\_\_\_\_

Years Played in Wednesday Over 70 Softball League \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Shirt Size     Small  Medium  Large  X-Large  XX- Large

Are you aware of any weeks during this league that you WILL NOT be able to play or practice due to prior commitments or vacation?    Yes     No

Please list those dates: \_\_\_\_\_

### PLEASE READ AND SIGN

I hereby release + and any other sponsoring organization, players, or other personnel involved in this program from all liability claims and expenses which may arise from my participation. I am physically able to participate in team play and practice. The members, officials, players, and managers of **WEDNESDAY OVER 70 SENIOR LEAGUE** are released from any and all liability claims due to injury or loss of personal property as a result of my participation in the **WEDNESDAY OVER 70 SENIOR LEAGUE**.

By signing this, I hereby attest that I have had a physical check-up by my family doctor and I am able to play in the **WEDNESDAY OVER 70 SENIOR LEAGUE**.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This signature is good for the duration of my play in the **WEDNESDAY OVER 70 SENIOR LEAGUE** in 2025.

