



Wilmington Senior Softball Association  
Player Application Form  
2025



**PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone(preferred) \_\_\_\_\_ Alternate # \_\_\_\_\_

Email Address \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Year Joined WSSA \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Returning Players:** Please Check your division preference for 2025 play:

ATLANTIC \_\_\_\_ COASTAL \_\_\_\_ LEGACY \_\_\_\_

***Make check for \$125 payable to WSSA & mail with completed application to:***

**1319 Military Cutoff Road, Box # 302 Wilmington, NC 28405**

***No later than March 1, 2025 (Returning Players)***

***No later than March 15, 2025 (New Players)***

*(Players submitting applications and checks after this date will be placed on teams on an as-needed basis)*

WAIVER – By signing below, I hereby agree to abide by all the rules & regulations of the Wilmington Senior Softball Association (WSSA). I fully understand that with my participation in the softball league there are certain risks involved. I indicate by my signature that I have had a recent physical exam or deem myself physically able to participate in the activity of softball. I further agree to assume all liability for my actions. I hereby agree to waive any and all claims for myself, my heirs, and next of kin. I also hold blameless the WSSA, its Board of Directors, City of Wilmington, New Hanover County, managers, players, sponsors, and volunteers from any and all losses, liability, charges, and expenses (including attorney fees) and causes of action of whatever character which arise by travel to and from and participation in WSSA softball. I have read this release of liability and assumption of risk agreement. I fully understand it. I sign it voluntarily without any inducement. I also understand that pitching without a protective pitcher’s mask or not using a pitcher’s screen may result in serious injury and I assume all associated risks if I choose not to use protective gear/equipment when pitching.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please indicate If you are interested in any of the following positions:**

Board of Directors position (specify) \_\_\_\_\_ BOD Committee \_\_\_\_ Team Manager \_\_\_\_

Assistant Team Manager \_\_\_\_ Umpire \_\_\_\_

[www.wilmingtonseniorsoftball.net](http://www.wilmingtonseniorsoftball.net)