



*Kansas City Metro
Senior Softball League
Player Bio*

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Birth Date (mm/dd/yyyy): _____
Home Phone: _____ Work: _____ Cell: _____
E-mail: _____ Alt. E-mail: _____
Height: _____ Weight: _____ Shirt size: _____ Jersey number you would like: _____

Your 5-Tool Player Skill Rating: (on a 10-to-1 scale -- with 10 being highest, and 1 being lowest)*

* As best you can, compare yourself against any known players within 2 years (older / younger) of your own age. Rate yourself in the following 5-tool categories. Offensive Power; Batting Average; Arm Strength; Defense (against players playing your same defensive position); Overall Speed

Favorite Position (softball) _____ Next favorite(s): _____

Years you have played senior softball (if applicable) _____

Softball (non-senior),
or other sports in which
you have participated

What else can you tell us about yourself (as it relates to sports, or softball in particular):

Email your completed form to us: membership@kcseniorsoftball.org

NOTE: This information is for use by KC Metro Senior Softball League and its members. Any member making unauthorized use of, or engages in the selling of, any of this information will be disbarred from the league and be subject to legal action.