



KC METRO SENIOR SOFTBALL LEAGUE

<http://kcseniorsoftball.org/>

SPRING - 2025 DRAFT

CONFERENCE REGISTRATION

PLEASE CHECK EACH CONFERENCE YOU WILL BE JOINING



MONDAY Morning - 70+ @ Frank White Complex
3901 SW Longview Rd, Lee's Summit, MO 64081
Starts - April 14th @ 10:00 & 11:00 AM
One 14 Week session / 28 Games; Two 7-Inning Games + "possible" Play-offs
Coordinators - Mike Curley & John Hendel
\$61.00

TUESDAY Night - 50+ @ IAC
17450 E. Salisbury Rd.
Independence, MO 64056
Starts - April 22nd @ 7:00 & 8:00 PM
One 15 Week Session / 24 Games
Two 7-inning Games + "possible" Play-offs
Coordinators - Tom, Mike & Bob Reynolds
\$122.00

THURSDAY Morning - 60+ @ Frank White Complex
3901 SW Longview Rd, Lee's Summit, MO 64081
Starts - April 24th @ 10:00 & 11:00 AM
ONE 14 Week Session / 28 Games + Two 7-inning Games + "possible" Play-offs
Coordinators - Paul Heacock & John Hendel
\$62.00

SATURDAY Morning - 60+ @ Roe Park
104th & Roe Blvd., O.P., KS 66207
Starts - April 19 - 9:30 & 10:30 AM
ONE 15 Week Session / 30 Games
Two 7-Inning Games + "possible" Play-offs
Coordinators - Gary Pycior & William Wallisch
\$65.00

If a player withdraws within the first three (3) weeks of the conference season, they are eligible for a full refund of their registration fee if requested. After the first three (3) weeks of the conference season, no refunds will be issued, regardless of the timing of the payment or the reason for withdrawal.

Add \$20 if female, \$15 if male age 35-39, and \$30 if male 40+, to the total above (for membership dues - if you have not already paid online, or via some other method). **NOTE:** 75+ year-old "Lifetime Members" (those who have paid once at age 75 or older) do not pay membership dues, but still need to register in order to be eligible to be added to team rosters and acknowledged as having participated.

Total amount due = \$_____. Please make checks payable to **KCMSSL**. **PLEASE NOTE: Completing this form does NOT correlate to any sort of electronic payment method. This is a "hardcopy" (hand-delivery, or mail-in) form only.**

You may personally hand this form (with payment) to one of your coordinators, or mail it (with payment) to one of your appropriate coordinator's addresses shown at the bottom of this page. Additionally, if you plan to play in multiple conferences, you may mail it to one of the appropriate coordinators assigned to any of those conferences.

NOTE: If you are new to the KCMSSL, you will need to step-through the info requested with this online link: <https://leaguesheets.com/league/6>, or our **Membership Application** form <https://kcseniorsoftball.org/wp-content/uploads/2021/10/KCMSSL-Membership-Application-10-05-21.pdf>

By initialing below, I renew the Release, Waiver of Liability and Indemnity Agreement I have previously executed with KCMSSL — which I can review online at the KCMSSL website <https://kcseniorsoftball.org/> and then log into my membership database record, and click on my "Profile" tab.

[Signature / Initials]: _____

DRAFT REGISTRATION

Name: _____ Birth Date (YYYY - MM - DD): _____

Telephone(s): Cell: _____ Work: _____ Home: _____

E.C.I. (Emergency Contact Information -- Enter name and ph. #) _____

Physical Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

T-shirt size (Check one): S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

If you are new to the KCMSSL: Please skill-rate yourself. Platinum ___ Gold ___ Silver ___ Bronze ___.

My favorite defensive positions are: 1) _____ 2) _____ 3) _____

Please answer "Yes" or "No": I am willing to manage a team: _____ I might consider helping manage: _____

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