



REGISTRATION APPLICATION

First Name _____ Middle Name _____ Last Name _____

Permanent Home Address _____

City _____ County _____ State _____ ZIP _____

Telephone Number _____

Date of Birth ____ / ____ / ____ Birth Country _____

Birth City _____ County _____ State _____ ZIP _____

If you are a Part-Time Florida Resident, complete this section
Months residing in Florida: From _____ to _____
Street Address in FL _____
City _____ County _____ Zip _____
Telephone number, if different from above _____

*FHC Team Affiliation, if known _____

Attach the following items to this application:

- 1. \$100 registration fee - Personal or Business Check / Money Order / Cashier's Check Payable to Florida Half Century ASA, Inc.
2. Date of Birth Verification - Birth Certificate / Birth Registration / Baptismal Certificate / Passport.
3. Government issued Picture ID - Copy of front and back of Driver's License or Gov't ID.
4. Waiver and Release of Liability Form - Signed and dated

VOLUNTARY DISCLOSURE CONSENT: I hereby certify that the above information is correct and I further agree that the information may be verified through direct contact with the records bureau at the location of my birth or through the U.S. Immigration and the Naturalization Service. Falsification of documentation shall result in denial of membership.

Date _____ Signature of Applicant _____

TYPE OR PRINT LEGIBLY. MAIL THIS APPLICATION WITH THE ABOVE 4 LISTED DOCUMENTS TO:

Mike Correa 177 Tahiti Circle Naples, FL 34113 321-501-4141



FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC WAIVER:

I HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of, FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC . provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC including but not limited to engaging in softball practices (slow pitch or fast pitch), games, leagues, running exercises, or general training for the sport, or using the facility and its equipment or other related activities on and off the premises.

I expressly contact and agree not to sue any other participant of the FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. I understand that this express contract and agreement is a total bar from recovery for those inherent in the contact sport of softball, including senior softball for those aged fifty (50) and above. I agree that I am voluntarily participating in the FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. League. I waive my right to be free from those bodily contacts inherent in the contact sport of softball, including senior softball for those fifty (50) and above, I agree that I have full knowledge and appreciation of the dangers inherent in the contact sport of softball, including senior softball for those fifty (50) and above.

I hereby release FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. and all of its agents, officers, directors, servants, team sponsors, league officials, employees, and any other parties connected with the league from any liability whatsoever in connection with any negligent acts by LORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. as well as in connection with the running, the planning, the participating in any and all softball games, practices, pick-up games, and/or run and/or scheduled by FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.. all on behalf of myself and all other participants. The scope of this release shall include, but not limited to, damages or losses or injuries encountered in connection with transportation, food, medical concerns (physical and emotional), entertainment, photographs and physical injury of any kind. I further agree to hold harmless and to release FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. from and against any and all claims and causes of action of every kind arising from any physical or emotional injuries and/or damages which may happen to me.

In consideration of the acceptance application for membership, I hereby waive and release the FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. its agents, team sponsors, league officials and any other parties connected with the league from all damages or actions what-so-ever in any manner arising or growing out of my participation in the FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. I attest that I am physically fit and sufficiently trained in this type of activity. By my signature I accept all the rules and by-laws of the FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC. Also, I will assume personal liability for any and all damages incurred to another player if such player is injured as a result of me knowingly using an illegal bat. All slow pitch senior softball bats shall be considered eligible bats, provided that the bat is not altered in any manner, and may be used in league play. Any batter entering the batters' box with an illegal, altered or modified bat shall be declared "out", ejected from the game and an out shall be recorded in that batting position for the balance of the game. ILLEGAL: An illegal bat is any slow pitch senior softball bat that is modified in any way in which it deviates from the normal striking power that the manufacturer intended. Bats used in league play must not be tampered with to increase power, increase or decrease length, cut, modified, hollowed out or filled with any or all substances that will alter its original composition.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver

Signature of Member _____ FHC Membership Number _____

Print Name of Member _____ Dated _____

PLEASE COMPLETELY FILL OUT THE ABOVE FORM LEGIBLY (TYPING PREFERRED) AND MAIL TO:

Mike Correa

177 Tahiti Circle

Naples, FL 34113

321-501-4141