



REGISTRATION APPLICATION

Full Legal Name _____

Permanent Home Address _____

City _____ County _____ State _____ ZIP _____

Telephone Number _____

Date of Birth _____ Birth Place (Country) _____

Birth City _____ County _____ State _____ ZIP _____

Part Time Florida Residents complete this section

Months residing in Florida: From _____ To _____

Address _____

City _____ Country _____ ZIP _____

Telephone Number (if different from above) _____

FHC Team Affiliation _____

Attach the following items to this application:

- 1. \$50 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 Originals will be returned
3. Government issued Picture ID - Copy of front and back of Driver's License or ID Address needs to match permanent address above
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 Knowles

3806 30th Lane E

Bradenton, FL 34208

941-725-0790



WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that softball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential of death, serious injury, or property loss.

I HEREBY ASSUME THE RISKS OF PARTICIPATION IN A SOFTBALL EVENT.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

a) I waive, release, and discharge from any and all claims of liability for death or personal injury or damages of any kind all representatives of the Florida Half Century Amateur Softball Association, Inc.

b) I agree not to sue any representative of the Florida Half Century Amateur Softball Association, Inc. or the association for any claims or liabilities that I have waived, released, or discharged herein.

c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

BY SIGNING THIS FORM, I AFFIRM THAT I AM FIFTY (50) YEARS OF AGE, OR WILL ATTAIN THAT AGE DURING THIS CALENDAR YEAR, OR OLDER, AND THAT I WILL OBEY THE RULES, REGULATIONS AND BYLAWS OF THE ASSOCIATION. I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

Printed Name _____ Date _____

Signature of Applicant _____

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

Mike Knowles

3806 30th Lane E

Bradenton, FL 34208

941-725-0790