



<http://fwhcsl.com>

Saturday, _____ Tournament

Field Name and Address

Fee: _____ per player

REGISTRATION DEADLINE: 8 days before the tournament

The Florida Women's Half Century Softball League, Inc.

will play all tournaments using SPA rules.

INDIVIDUAL PLAYER REGISTRATION FORM

Info on file, Name: _____

New Info, Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Birth date: _____ Age: _____

I'm not a player, but I would like to: (No fee required) Coach Scorekeep

Please check all positions that you will play:

Pitcher Catcher Right Field Short Stop

Left Field Left Center Field First

Short Field Right Center Field Second

Describe your softball abilities:

(Example: Good hitter, Average Fielder, Slow Runner, Average, Above Average, Tournament Player)

FEE IS \$___ PER TOURNAMENT AND IS DUE AT TIME OF REGISTRATION

REGISTRATIONS RECEIVED AFTER THE DUE DATE WILL BE PUT INTO A PLACEMENT POOL & PLACED ON A TEAM THE DAY OF THE TOURNAMENT.

Forms and Fee must be in 8 days before tournament.

Make check payable to: Florida Women's Half Century Softball League, Inc.

Mail to: Fran LaMont - Treasurer
1881 N Hercules Ave., # 604, Clearwater, FL 33765



**Assumption and Acknowledgment of Risks
and Release of Liability Agreement**

The undersigned desires to undertake and participate in the following activity/activities: Softball Tournament for the year 20__ (“Activity”), which is sponsored by Florida Women's Half-Century Softball League, Inc., a not for profit corporation. Such Activity has inherent risks of injury and danger, and in consideration of being allowed to participate in the Activity I hereby agree as follow:



1. EXPRESS ASSUMPTIONS OF RISK AND RESPONSIBILITY. I agree to assume responsibility for all the risk of the Activity. My participation in the Activity is purely voluntary. I assume full responsibility for myself for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident that may occur while I participate in the Activity.

2. RELEASE. I Release Florida Women's Half-Century Softball League, Inc., a not for profit corporation, its principals, directors, officers, agents, employees and volunteers, their insurers and each and every land owner, upon whose property an Activity is conducted (collectively “Released Parties”) from any and all liability of any nature for any and all injury or damage (including death) to me and other persons as a result of my participation in the Activity, regardless of the cause including but not limited to any form of negligence or fault of any Released party.

3. The UNDERSIGNED expressly agrees that *the foregoing release, and agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida* and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

4. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS the Assumption and Acknowledgment of Risks and Release of Liability Agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Witnesses

Undersigned

Date

Printed Name
