

SUN CITY FESTIVAL SOFTBALL CLUB

2024/2025 MEMBERSHIP REGISTRATION AND LIABILITY WAIVER FORM

Annual dues are **\$50.00** and cover the period between October 1 and September 30. Dues are NOT prorated. Please place a completed Form along with your dues check in an envelope and place in the SCF Softball Club mailbox, located at the Sage Center. Checks should be made out to: **Sun City Festival Softball Club.**

Please clearly PRINT the following:

Name (Last) _____ (First) _____ Spouse/other _____

SCF Home Address: _____

SCF Home Phone: _____ Cell: _____

E-Mail Address: _____

Birthdate: ____/____/____ **HOA Resident ID Card #** _____

Emergency Contact Name: _____ Emerg. Contact Phone: _____

Full Year SCF Resident? Y N

If no, expected arrival month _____ and expected departure month _____

Winter season runs from November - March. Summer session runs from May - September.

I would like to play Winter Season Summer Season Both Seasons

Preferred playing position(s) _____

Club members are required to volunteer for scorekeeping, umpiring, or field prep. Please rank order your preference 1 through 3; () Scorekeeping () Umpiring () Field prep [limited to 30]. You will be assigned based on your preference and Club needs. Volunteers for Board, Chair, Commissioner, & Manager positions are exempt.

Softball Club Member Liability Waiver – Please read and sign

As a member of the Sun City Festival (SCF) Softball Club, I agree to legally waive, release and discharge any claims for damages for personal injury, death, or property which I may have or which may accrue to me as a result of participation in any activity associated with the SCF Softball Club. This release is intended to discharge in advance the Governing Board, (individually or as a group), and/or individual Club members from any and all liability arising out of or connected in any way with my participation with the SCF Softball Club even though these liabilities may arise out of negligence or carelessness on the part of the entities named above. It is understood that activities associated with the club involve an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumptions of risk is to be on my heirs and assigns. I agree to indemnify and hold the above persons or entities harmless from any loss, liability, damage, cost, or expense which may occur as a result of my death, or injury, or property damage that I may sustain while participating in any/all SCF Softball Club activities.

CLUB MEMBER LEGAL SIGNATURE: _____

RECEIVED BY: _____ **DATE:** _____ **CHECK #:** _____

* *New members will be contacted following receipt of Membership form and payment of dues*

* *A softball skills evaluation will be scheduled in order to help place new members on teams with other players of similar skill levels*

* *Additional information is available on our website: www.scfsoftballclub.com*

Revised 05/22/2024