

# 2025 Player Membership Form

**\$20 annual membership fee MUST be paid before playing first game.**

**New members MUST include a copy of age verification (i.e., Driver's License).**

**Name:** \_\_\_\_\_  
(First) (M.I.) (Last)

**Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone:** (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Cell) (Work)

**Date of Birth:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Team Affiliation(s):** \_\_\_\_\_

## Release and Waiver of Liability and Indemnity Agreement

In consideration of being allowed to participate in the league and play in its games, I hereby release, waive and discharge the following: the Heart of America Senior Softball League, its officers and directors; the Manager and Sponsor of the individual team of which I am a member; all Managers of this league; all parks and recreation departments and other entities owning, operating and maintaining softball fields and other facilities on which league games or other sponsored events are held, including, but not limited to, Raytown Parks & Recreation, from all liability for any and all loss or damage, and any claim or damages resulting there from, for any injury to my person or property, whether caused by negligence or otherwise. I also agree to indemnify and hold harmless each of them from any loss, liability, damage or cost they may incur as a result of my participation in the league or its games.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Heart of America Senior Softball**  
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