

# **West Hernando Athletic Club for Seniors, Inc**

## **WHACS Softball Application\* (2025-26 Season)**

WHACS website is "<http://www.hometeamsonline.com/WHACS>"

The WHACS is a 55+ Softball league. New players must provide **proof of age** and be evaluated, as a potential player, before being accepted as a WHACS member.

**\*ALL PLAYERS MUST SUBMIT A NEW APPLICATION EACH YEAR**

**Fee: \$100.00\***

Member fee: \$10.00\*      Softball fee: 90.00\*

Application must be signed and dated with a check payable to "**WHACS**" and returned

**NO LATER THAN JUNE 30th**

Mail to: **WHACS Treasurer, Al Johnson 1335 Gilpin Avenue, Spring Hill, FL 34608**

### **PERSONAL INFO and EMERGENCY CONTACT:**

Name: _____	Date of Birth: ____/____/19____
Address: _____	Local Phone: _____
City, St, Zip _____	Cell Phone: _____
Email Address: _____	
Emergency Contact: _____	Contact Phone: _____

### **PLAYER DATA:**

<b>Best Positions You Can Play (3 max)</b> _____	<b>Check Days You Can Play:</b> <input type="checkbox"/> Mon -- <input type="checkbox"/> Wed -- <input type="checkbox"/> Fri
<b>Shirt Size: _____ Extra shirt (@your cost): Yes</b>	<b>Bat: _____ Throw: _____</b>
<b>Would you like to be an On-Call substitute?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Comments (Arrive/Depart Dates, Medical Issues, Other)</b> _____ _____ _____	

### **WHACS OFFICERS ONLY:**

<b>Date Received: _____</b>	<b>Check <input type="checkbox"/> Cash <input type="checkbox"/> MO <input type="checkbox"/> Amount: \$ _____</b>
<b>Comments: _____</b> _____ _____	
<b>Age 55+ YES <input type="checkbox"/> NO <input type="checkbox"/></b>	

# PLAYER SAFETY STATEMENTS

**PLAYER RESPONSIBILITY FOR SECURING INSURANCE:** Players are presumed to be fully aware that the WHACS does not carry, nor provide, any medical insurance for any participants and that all players are solely responsible for procuring their own insurance..

**ASSUMPTION OF INHERENT RISK:** Players recognize they assume all risks involved arising from participation in any WHACS sanctioned league as a player if electing not to wear the recommended safety equipment and knowingly undertake the inherent risks of the sport.

**SOFTBALL SKILLS:** Players are presumed to be familiar with the skills required to participate as a player in the game of softball (including batting, fielding, running and throwing) and acknowledge they are proficient enough in these skills to protect themselves.

## WAIVER AND RELEASE OF LIABILITY

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

***I, hereby, assume the risks of participation in the WHACS Softball League.***

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, ***EXCEPT that which is the result of gross negligence and/or wanton misconduct of persons or entities below***, which arise out of, or are related to, my participation in said softball league. ***The following persons or entities are:*** President, Vice-President, Secretary, Treasurer, Directors, Committee Members, Umpires, and other active ballplayers;
- b. ***I agree not to sue*** any of the persons or entities as mentioned above, for any of the claims or liabilities I have waived, released or discharged herein; and,
- c. ***I Indemnify and hold harmless*** the persons or entities, as mentioned above, from any and all claims or liabilities assessed against them as a result of my personal actions.

This waiver and release is valid indefinitely, unless otherwise noted.

***By signing this form, I affirm that I am Fifty-Five (55) years of age or older.***

**I have read this document and understand and agree to its contents:**

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Print Name

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Date

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Signature