**LVSSA (LAS VEGAS SENIOR SOFTBALL ASSOCIATION, INC.) 2025 MEMBER REGISTRATION FORM**

(FOUR SECTIONS – 1: Profile / 2: Waiver of LVSSA Liability / 3: Code of Conduct Acknowledgement / 4: Payment Information)

**Section 1: MEMBER PROFILE**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_\_

CELL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH OF MILITARY SERVICE (If Any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: WAIVER OF LVSSA LIABILITY (REQUIRES SIGNATURE AND SIGNATURE DATE)**

I understand that there are certain inherent risks involved with any participation in any activities organized and scheduled by LVSSA (Las Vegas Senior Softball Association, Inc.) and/or its officer’s, director’s and/or supervisors. (Herein referred to as "Event(s)").  I also understand LVSSA may or may not provide "secondary only" medical policy.

I further understand that such risk may include, but are not limited to, injuries caused by terrain, weather, facilities, vehicle traffic, recreational activities, my personal health condition, other participants, lack of hydration and significant distant from the site of the "Event(s)" to medical treatment facilities/hospitals (Herein referred to as "Risks").

I agree prior to participation in any "Event(s)", I will inspect the area, facilities, and equipment, associated with the “Event(s)”and will personally and promptly notify the supervisor of the “Event(s)” of any perceived unsafe conditions.

I confirm that I am physically fit for the "Event(s)" and have not been advised against participation in the "Event(s)" by a health professional.

In consideration of the opportunity to participate in the "Event(s)" I waive, release, and forever discharge LVSSA, government agencies, their respective agents, employees and any other individuals or entities serving LVSSA in connection with the "Event(s)" from any and all claims, losses, damages, actions and expenses and any resulting litigation costs which I may suffer or incur arising, in whole or part, out of any "Risk" and my voluntary participation in the "Event(s)”.

This release shall be binding on my heirs and assigns and shall replace and supersede all previous agreements (if any) in respect to the subject matter hereof.

By signing below, **I acknowledge that I have read and understood all the provisions contained in this Waiver / Release of Liability Agreement and agree to abide by them.** **I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily.** Further, I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by law and that if any portion of this waiver and release is held to be invalid by a court or other trier of fact, the remainder shall continue in full legal force and effect.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

LVSSA representative accepting registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_

**SECTION 3: ACKNOWLEDGEMENT OF LVSSA CODE OF CONDUCT (REQUIRES SIGNATURE AND SIGNATURE DATE)**

**LVSSA Code of Conduct**

All LVSSA Members must comply with the LVSSA Code of Conduct when participating in LVSSA activities.

Members of the Association may receive a letter of reprimand, be suspended from Association activities, or expelled from membership in the Association by the Board of Directors, when that member has been found to have been involved in any of the following activities:

1. Carrying out a pattern of loud, abusive, and/or profane behavior.

2. Bullying of other members.

3. Making physical threats against or assaulting someone while participating in an Association activity.

4. Carrying out a pattern of behavior which is embarrassing to the Association and its members during outside events such as tournaments.

5. Displaying unsportsmanlike behavior be it during Association-sponsored scrimmages or practices, at external events such as Association-sponsored tournaments, or in other tournaments in which the Association is participating.

6. Any pattern of behavior, actions, or speech, which is determined to be detrimental to the Association or any of its members.

7. Attempting to represent or representing the Association without the necessary approvals to do so.

8. Committing fraud or misappropriation of the funds of the Association or funds related to the Association’s activities.

9. Violating any City of Las Vegas Park Rules while participating in Association activities held at City of Las Vegas parks.

10. Pilfering of Association assets such as tools, supplies, and/or miscellaneous sports equipment.

11. Attempting to defraud the Association in any way relative to money, identity, or claims.

12. Willfully violating any other LVSSA Bylaws or LVSSA Rules not specifically called out above in a manner that may put the Association at risk from a financial, legal, or tax-exemption perspective.

Any such behavior or pattern of behavior as listed above shall be brought to the attention of the Disciplinary Committee, if one has been established by the Board of Directors, or to the Board of Directors itself. The allegations shall then be reviewed and investigated as deemed warranted. The Disciplinary Committee or the Board of Directors shall prepare a report with recommendations for action. Such a report shall be the basis for the final Board of Directors action. The Board of Directors decision to reprimand, suspend, or expel a member shall require a two-thirds (66%+) vote of approval.

By signing below, **I acknowledge that I have read the “Code of Conduct” above, agree to abide by its terms, and understand that a failure to comply could result in disciplinary action** up to and including expulsion from the LVSSA.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Section 4: Payment Information (Please check 2025 membership type and payment method)**

*~~Discounted Annual ($50 prior to 1/1/25):~~* ***~~\_\_\_\_~~*** *Annual ($50 between 1/1/25 – 6/30/25):* ***\_\_\_\_***

Second Half Only:($25 between 7/1/25 and 10/15/25): **\_\_\_\_** End-of-Year New Member ($50 for 4Q25 & 2026): **\_\_\_\_**

*3 Consecutive Calendar Months ($20):* ***\_\_\_\_*** *[ \_\_\_\_\_ thru \_\_\_\_\_ ]* Method: Check payable to LVSSA: \_\_\_\_ Cash: \_\_\_\_ Online: \_\_\_\_

**THANKS – WELCOME TO THE LVSSA! Go to LVSSA.Vegas/Membership for additional member benefit information.**

LVSSA representative accepting registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_