

PLAYER INFORMATION REGISTRATION FORM

NAME OF LEAGUE: _____

Player: First Name _____ Middle Name _____ Last Name _____
Street Address _____ City _____ State TX Zip _____
Home Phone _____ Team Played on Last Year _____
Date of Birth _____ Child's Age on December 31, 2007: _____
Color of Eyes _____ Color of Hair _____ Height _____ Shirt Size _____

** Parents' Information **

Father's Name _____ Mother's Name _____
Father's Work Phone _____ Mother's Work Phone _____
Father's Home Phone _____ Mother's Home Phone _____
Father's email: _____ Mother's email: _____

PLAYER'S RELEASE

Having been informed of the intentions of the above-listed league to provide supervised games and practice sessions, I, the parent/guardian of the above-named applicant do hereby give my approval for my child's participation in any and all activities during the current season. I assume all risks and hazards incidental to the conduct of these activities, and I further hereby agree to indemnify, release, absolve, and hold harmless the above-mentioned league, its officials, organizers and the Texas Amateur Softball Association/District 39. In case of injury to my child and in my absence, I authorize a representative of the above -mentioned league to obtain emergency medical care of a physician and I hereby waive all claims against above-mentioned league, its organizers, officials, or any supervisors appointed by them. I likewise release from responsibility the person transporting my child to or from activities. I certify that my child is physically fit to participate in all activities of the above-mentioned league. I assume full responsibility for any sickness, injury and/or death which may occur during the above-mentioned league's activities, and I agree to indemnify, absolve and release the above -mentioned league, its officials, Amateur Softball Association of America, Texas Amateur Softball Association/District 39 from all liability thereof. Parents and players agree to be governed by the rules of the Amateur Softball Association as published in the current official rule book.

Parent's/Guardian's Signature _____ Date _____

MEDICAL INFORMATION

Physician's Name _____ Phone No. _____
Address _____ City _____ Zip _____

I.D. Information

All photos must fit in this box
All photos are to be either Passport
Or School Photos
No baseball card type photos
Note: Any photos that do not meet
These requirements will be returned
To the League/Team, resulting in
Delays in getting I.D.' back

_____ Picture Received
_____ Copy of Birth Certificate
_____ Is Birth Certificate in league file?
_____ Registration Fee Received?
(Ck.No. _____)

<<<ORIGINAL FORM MUST BE SUBMITTED TO DISTRICT 39>>>

The original form must go to the District. Deliver to District Office at 2490 North Street (REAR), Beaumont - OR -
MAIL TO P. O. BOX 1759, NEDERLAND, TX 77627. PHONE NO. 409-833-3161.