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, 2008:** _____

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 on a CD
With name identification
Note: Any photos that do not meet these requirements, that picture ID will not be made. If an appropriate picture is then submitted, ID will be made. However, expect delays.

_____ **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, 409-728-1495 (cell)