

**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, 2010: \_\_\_\_\_  
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 OR mail to Texas ASA District 39 Office at 2490 North Street (REAR)  
Beaumont, TX 77702. PHONE NO. 409-833-3161 or Cell 409-728-1495