

**2010 NEVADA ASA - JO Division
PLAYER APPLICATION**

Sally Commerford - JO Commissioner 8027 Rodeo Dr. Las Vegas, NV 89123 702-361-7431 SallyASA@aol.com Robin Levesque – Northern District JO Commissioner 948 Rio Vista Dr. Sparks, NV 89434 775-355-1952 Email: Robinnvasa@sbcglobal.net Renee B Montalto – Southern District JO Commissioner 1909 Taylorville Las Vegas, NV 89135 702-228-3260 Email: Rmeener@aol.com	COMMISSIONER USE ONLY	
	AGE (as of Dec. 31 st) _____ TEAM _____ DIV _____ Played ASA last year: <input type="checkbox"/> Yes <input type="checkbox"/> No Classification: <input type="checkbox"/> A <input type="checkbox"/> Gold Birth Certificate Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Registration Date: _____ No: _____

Player Information	Father's Information	Mother's Information
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NAME _____	NAME _____	NAME _____
DATE OF BIRTH _____ AGE _____	HOME PHONE _____	HOME PHONE _____
HOME PHONE _____	EMAIL _____	EMAIL _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
SCHOOL _____	EMPLOYER _____	EMPLOYER _____
PREVIOUS TEAM / DIVISION _____	WORK PHONE _____	WORK PHONE _____
PLAYER LIVES WITH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BOTH	DID ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medical Accident Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO	CARRIER: _____	

Medical History

Asthma Allergies Glasses/Contacts Fractures within past year Dental Braces or Bridges Head injuries within last year Serious Illnesses

EMERGENCY, MEDICAL RELEASE

I/We, the parent/guardian give permission for any emergency treatment necessary either on the practice field or on the game field; I/We authorize any hospital and/or physician to perform emergency treatment from any injuries resulting from any scheduled function including the supervised travel to and from said function.

Father's Signature _____ Mother's Signature _____

PARENT WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT

I/We the parent/guardian of the above named minor child, hereby give my/our consent and approval for my child to participate as a member of Nevada ASA - Las Vegas. I/We understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of softball as well as in traveling and other related activities incidental to my child's participation and I/We am willing to assume these risks on behalf of my child and do hereby waive, release, discharge Nevada ASA - Las Vegas. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. I/We hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities that would restrict full participation in these activities.

Father's Signature _____ Mother's Signature _____

I/We have furnished a certified Birth Certificate of the above named applicant with this application. YES
 I/We certify that to the best of my/our knowledge, all of the above information is accurate and correct. YES

I (We) Understand that by signing this registration form, my (our) daughter is obligated for the entire season to this Classification and is now an "A" Classified player which cannot participate on a "B" or "C" ASA team without being re-classified. I/We understand that a player cannot play in more than one classification during the same season and may not participate on a team more than one age division older. A player or team may request to the JO Commissioner to be reclassified & must do so before returning to a lower classification or participating on a team more than one age division higher. I also understand that my daughter must receive a written release or have a current \$0.00 balance statement prior to communicating with any other team. No player, parent/guardian may attempt to recruit another player while they are participating at a team function such as a practice, game or tournament in or out of state and understand that such action will result in suspension or removal from the ASA. No player, parent, coach or manager may recruit a "B" or "C" player during the Recreational League's season (Approximate dates are Spring-Feb. 1-May 23, All Stars- May 1-Aug. 15 & Fall-Aug 1-Nov. 22)

I/We have read and agree to abide by all ASA guidelines and rules.

Player's Signature _____
 Father's Signature _____ Mother's Signature _____