

2011 NEVADA ASA - JO Division PLAYER APPLICATION

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Registration Date: _____ **No:** _____

Player Information

NAME _____
 DATE OF BIRTH _____ AGE _____
 HOME PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 SCHOOL _____
 PREVIOUS TEAM / DIVISION _____

Father's Information

NAME _____
 HOME PHONE _____
 EMAIL _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 EMPLOYER _____
 WORK PHONE _____

Mother's Information

NAME _____
 HOME PHONE _____
 EMAIL _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 EMPLOYER _____
 WORK PHONE _____

PLAYER LIVES WITH FATHER MOTHER BOTH DID ADDRESS CHANGE YES NO
Medical Accident Insurance YES 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 than eligible for. 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 individual (player, parent/guardian, staff member or interested individual) 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. 30) I assure that no party associated with this applicant will be guilty of un-sportsmanlike conduct or acts contrary to the ASA.

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

Player's Signature _____

Father's Signature _____ **Mother's Signature** _____