

2011 NEVADA ASA TRYOUT QUESTIONNAIRE

Players Name: _____ Birth date _____ Try Out Dates _____

Are you currently participating with another ASA "A", "B" or "C" softball Team?	
<p style="text-align: center;">Yes <input type="checkbox"/></p> What Team/League are you currently participating with? _____ If an "A" Team, do you have a current statement from that team _____	<p style="text-align: center;">No <input type="checkbox"/></p> What is the name of the last ASA League/Team & Season you played for them? _____ If an "A" Team, Do you have a permanent release form from that Team _____

The current Nevada ASA Contracts prohibit any "A" player or parent from contacting or trying out with a team without a release from their previous "A" team or a current \$0.00 balance statement. A "B" or "C" player may not participate with an "A" team until their League Season has ended.

The current Nevada ASA Contracts prohibit any player to try out or participate with any team that is more than one age division than the player is eligible to play on. Please provide a copy of the player's birth certificate at the time of try outs. See the chart below to determining your eligibility:

Team Division	10U	12U	14U	16U	18U
Birth Year	2000-2003	1998-2001	1996-1999	1994-1997	1992-1995

If the player's birth date does not fit within the above eligible years for this team, they must attend a Classification Meeting with the JO Commissioner. Please call Sally at 702-334-1092 to schedule an appointment.

*****Exception: 1996 Birth date, after Sept 1, 2011:**

Did you played on a 16U Team for the entire 2011 Playing Season? _____ Did you participate on a High School Softball Team this year? _____ If yes to both questions, player may try out for an 18U Team.

To my knowledge, I am eligible to try out for the _____ today.
Team Name

Player Signature: _____ Parent/Guardian Signature: _____ Date: _____

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.

Parent/Guardian Signature: _____ Date: _____

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.

Parent/Guardian Signature: _____ Date: _____