



AGSA Player Registration Form

Player Name
Player Address
Home Phone ()
Primary Email

Birthdate
Gender

Age	Fee Amount
Amt. Paid	How Paid

Parent #1

Name	<input type="text"/>	
Phone	() <input type="text"/>	Relationship
Work Phone	() <input type="text"/>	<input type="checkbox"/> Father
Cell Phone	() <input type="text"/>	<input type="checkbox"/> Mother
		<input type="checkbox"/> Guardian
Email	<input type="text"/>	
Occupation	<input type="text"/>	
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	

Parent #2

Name	<input type="text"/>	
Phone	() <input type="text"/>	Relationship
Work Phone	() <input type="text"/>	<input type="checkbox"/> Father
Cell Phone	() <input type="text"/>	<input type="checkbox"/> Mother
		<input type="checkbox"/> Guardian
Email	<input type="text"/>	
Occupation	<input type="text"/>	
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	

Medical Information

Emergency Contact	<input type="text"/>
Relationship to player	<input type="text"/>
Insurance carrier	<input type="text"/>

League Use Only

Phone	<input type="text"/>	Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Residency	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Medical Release	Yes <input type="checkbox"/> No <input type="checkbox"/>	Waiver Needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy	<input type="text"/>	Level Assigned	<input type="text"/>		

1. I/We, the parents/guardians of the above-named candidate for a position on an AGSA Team, hereby give my/our approval to participate in any and all AGSA Activities, including transportation to and from the activities.
2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Softball Association, ASA, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We Agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) will be placed on a team based on her age and the guidelines established by AGSA and/or ASA.
6. I/We agree to provide proof of age (as defined by ASA). I/We understand that our child (candidate) must be eligible under the age regulations of ASA, to participate in this Local Association, and that if any controversy arises regarding age, the decision of the ASA shall be final and binding.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
8. Read and Agree to adhere to "**Parent Code of Conduct**".
9. Read and Agree to adhere to "**Player Code of Conduct**".

Signature _____ Date _____