



Amateur Softball Association of America
 2801 N.E. 50th Street • Oklahoma City, OK 73114
 (405) 424-5266 • (405) 424-3655 • www.softball.o

**PICK-UP PLAYER FORM
 HUDSON MOHAWK ONLY
 NOT FOR A S A PLAY**

**AND THE HUDSON MOHAWK GIRLS
 SOFTBALL ASSOC.**

Division or Classification of Championship Play

(men or women; boys or girls; slow, fast, 16 inch or modified pitch; age or divisions group)

Team Name

Print or Type Player's Name	Player's Signature	Bona fide Residence Address	Birth Date	Parent's/Guardian's Signature	Relationship	From which team was player picked up?

This certifies that the above listed players meet the requirements of the Amateur Softball Association Code as outlined in Article 203.

Managers Signature _____ Managers Name (Print or Type) _____ Managers Address (Print or Ty _____

State/Metro Commissioner's Signature _____ Deputy/District Commissioner's Signature _____ State/Metro Association _____ ASA Region Mur _____

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

NOTE. For Junior Olympic divisions, verification of birth date for each player must be attached (i.e. birth certificate, baptismal certificate, hospital certificate may be used). Legible photocopy will be accepted.

I, parent or guardian of the above named player, in consideration of permitting said player to participate in the championship play of the ASA, do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against the ASA, its state/metro associations, its sponsors, their agents or representatives, for any and all injuries or losses sustained arising out of any injuries or losses suffered by said player while competing in or in connection with the championship play of ASA, and hereby contract and agree to be ASA harmless and to indemnify it from and on account of any damage suffered or sustained by ASA by reason of said player being injured.

I also hereby give permission to the team manager, indicated on this page, to obtain medical treatment for the minor player, which I am either parent or guardian. In the event I am not available and medical treatment is required.

I also hereby give permission to the ASA and its state/metro associations to use, in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signature and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

Instructions. Complete all the above information and attach to your team roster. Mail the white copy to the tournament director and reserve the yellow copy for your state/metro committee and the pink copy for your records. If necessary, you may hand carry this form along with your team roster to the tournament and present to the tournament director upon arrival. No pick-up players will be allowed to participate if this form is not presented with your team roster to the tournament director for inspection.

Distribution Key: White Copy - Tournament Director; Yellow Copy - State/Metro Commissioner; Pink Copy - Team Manager
 Revised