

PLAYER AGREEMENT
PARENT CONSENT
PLAYER RELEASE
PLAYER MEDICAL WAIVER

Central California
Amateur Softball Association
Tom Dowd, Commissioner
Dave Forte, JO Commissioner

10U 16U
 12U 18U
 14U Gold

Player/Team Information

ASA Team Name: _____ Manager's Name: _____
Player Name: Print Last: _____ First: _____ Age: _____ Birth Date: _____
Address: _____ City: _____ Zip Code: _____
Phone: (____) _____ Player/Parent E-Mail Address: (required) _____

Player Medical Waiver

***** Warning, Participation in a competitive sport such as softball CAN result in severe injury or death *****

Medical Waiver: I authorize the above named player to play for this team. I further authorize any emergency medical treatment by authorized personnel including hospital treatment for the player named in the event of any injury or sudden illness.

Emergency Phone: (____) _____ Emergency Contact Person: _____
Relationship: _____ Allergies/Medicine/Other: _____
Parent/Guardian Signature: _____ Date: ____/____/____

Player Agreement

PLAYER AGREEMENT: I understand that I may be on only one Junior Olympic ASA Championship Roster at a time during the current season that begins the first weekend in February and ends after Championship Play. I have elected to play with this team. ***If I quit this team, I will be ineligible to compete with another team this season.*** I am automatically released from this team August 15, or earlier if this team changes divisions (girl's/women's), classification (age group or A,B or C), does not compete or continue in ASA Championship Play. This agreement is valid only if all items in the shaded sections are completed. I agree to obey all ASA Codes & Rules (available from team manager or membership in ASA Player's Association) including but not limited to the following:

1. I shall not be guilty of unsportsmanlike conduct or any other acts that are contrary to the objectives and purposes of ASA.
2. I shall not recruit players who are rostered on other ASA teams to leave their team and either play for this team or any other ASA team.
3. I shall accept the manager's decision (and changes) concerning my playing position and the amount of time I will play in any game or tournament.
4. Upon my release from this team, I shall return all ASA team uniforms and equipment items to the manager within 15 days and in good condition except for normal wear. Failure to do so will render me ineligible in ASA until the manager is reimbursed \$_____. (Zero dollars if no dollar amount indicated. Maximum amount is \$250.00)
5. If released from this team before the team begins Championship Play I may join another ASA team. If released from this team after the team begins Championship Play, and if the team is no longer in Championship Play, I may be a pickup player in the same or higher classification as per ASA Code. Pickup players are not eligible for National Qualifiers, Hall of Fame Qualifiers or Sector Qualifiers.
6. I understand that unless otherwise agreed in writing, my time and or money are given of my own free will. I understand the team manager will manage the team funds. The manager shall provide me with a pre-season team budget and an itemized final accounting at the end of the season.
7. ***I understand I have seven (7) days from the date this agreement is received by the JO Commissioner or his designee, to withdraw from this team without consent of the manager by written notice to the JO Commissioner or his designee. Regardless of my withdrawal, I understand all other provisions of this agreement shall be enforced.***

I have read and received a copy of this agreement, and fully understand its content. I have also received a team budget.

Player Signature: _____ Date: ____/____/____
PARENT CONSENT: *I have carefully read this agreement and consent for the above named player to play for this ASA Softball Team.*
Parent/Guardian Signature: _____ Date: ____/____/____

RELEASE: I, the manager of this team named above, release this player. Her uniform is returned or I have been reimbursed.

Manager's Signature: _____ Date: ____/____/____

Copy: **JO Commissioner or his designee**

Copy: Manager (Mail to **JO Commissioner or his designee** upon release)

Copy: Player

*** This agreement is only enforceable if the CCASA office holds a completed copy before named player requests release ***

** Otherwise, player **WILL BE** released upon request **