

PICK-UP PLAYER FORM



Amateur Softball Association of America

2801 N.E. 50th Street • Oklahoma City, OK 73111
 (405) 424-5266 • (405) 424-3855 • www.asasoftball.com

Team Name

Division or Classification of Championship Play

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

Print or Type Player's Name	Player's Signature	Bonafide Residence Address	Birth Date	Parent's/Guardian's Signature	Relationship	From which team was player picked up?
				MINORS ONLY		
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This certifies that the above listed players meet the requirements of the Amateur Softball Association Code as outlined in Article 503.

 Manager's Signature

 Manager's Name (Print or Type)

 Manager's Address (Print or Type)

 Local Association Commissioner's Signature

 Deputy/District Commissioner's Signature

 Local Association

 ASA Region Number

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 photocopies will be accepted. By signing this form, player or guardian agree to be bound by all terms and conditions contained on the ASA Official Championship Roster as previously signed.

I release, discharge and agree not to sue the team and/or league designated below or any owner or leasee of fields on which softball is played or practiced by my team or the ASA, or their owners, officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the ASA for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released.

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 it's local associations to use, in any and all publications that they may desire, all pictures taken of minor players 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 a copy to the tournament director and reserve a copy for your local commissioner and a 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 our team roster to the tournament director for inspection.