PLAYER INFORMATION REGISTRATION FORM

NAME OF LEAGUE:_____

Player: **First Name** **Middle Name** **Last Name**

Street Address_____

City_____

State **TX** **Zip** _____

Home Phone_____

Team Played on Last Year: _____

Date of Birth_____

Child's Age on Sept. 1, 2025: _____

Color of Eyes_____ **Color of Hair**_____

Height:_____

****Parents' Information****

Father's Name_____

Mother's Name_____

Father's Work Phone_____

Mother's Work Phone_____

Father's Home Phone_____

Mother's Home Phone_____

Father's email:_____

Mother's email:_____

PLAYER'S RELEASE

Having been informed of the intentions of the above-listed league to provide supervised games and practice sessions, I, the parent/guardian of the above-named applicant do hereby give my approval for my child's participation in any and all activities during the current season. I assume all risks and hazards incidental to the conduct of these activities, and I further hereby agree to indemnify, release, absolve, and hold harmless the above-mentioned league, its officials, organizers and the USA Softball, USA Softball of Texas, District 39. In case of injury to my child and in my absence, I authorize a representative of the above-mentioned league to obtain emergency medical care of a physician and I hereby waive all claims against above-mentioned league, its organizers, officials, or any supervisors appointed by them. I likewise release from responsibility the person transporting my child to or from activities. I certify that my child is physically fit to participate in all activities of the above-mentioned league. I assume full responsibility for any sickness, injury and/or death which may occur during the above-mentioned league's activities, and I agree to indemnify, absolve and release the above-mentioned league, its officials, USA Softball Association, USA Softball of Texas, District 39 from all liability thereof. Parents and players agree to be governed by the rules of the USA Softball Association as published in the current official rule book.

Parent/s/Guardian/s Signature_____

Date_____

MEDICAL INFORMATION

Physician's Name_____

Phone No. _____

Address_____

City_____

Zip_____

FOR DISTRICT USE:

_____ **Copy of Birth Certificate**

_____ **Is Birth Certificate in League file?**

_____ **Registration Fee Received?**

(Ck.No._____)

Other Info._____

<<<ORIGINAL FORM MUST BE SUBMITTED TO DISTRICT 39>>>

The original form must go to the District. E-Mail to Texas ASA Distict 39 Office

Email: texasasadistrict39@yahoo.com : Linda: 409-728-1495