

# ABILENE BOYS & GIRLS SOFTBALL ASSOCIATION

Scarborough Park – Hartford & Corsicana

Name: \_\_\_\_\_  M  F School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Div: \_\_\_\_\_ ★ Email: \_\_\_\_\_ ★

Total Softball Exp: \_\_\_\_\_ Position: \_\_\_\_\_ Team: \_\_\_\_\_

Uniform Size: \_\_\_\_\_ **Former All-Star:**  Y  N Fee Paid: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Online \_\_\_\_\_ Date \_\_\_\_\_

Proof of Age: \_\_\_\_\_ Birthdate Verification: \_\_\_\_\_ Date: \_\_\_\_\_

## POSITIONS IN WHICH PARENTS/GUARDIANS ARE WILLING TO WORK

\_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Scorekeeper \_\_\_\_\_ Fundraising \_\_\_\_\_ Umpire

## ★ PARENTS' PERMISSION AND LIABILITY WAIVER ★

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby consent for the above ABGSA player to participate in the Abilene Boys & Girls Softball Association program during the current season. I will assume all risks and hazards that are incidental in his/her participation of these activities. I further agree to release, absolve, indemnify and hold harmless this local league, the City of Abilene, the ABGSA office, their sponsors, organizers and supervisors of all legal responsibilities.

I understand that proof of age will be furnished and the registration fee paid no later than the opening game of the season.

**I also understand that it will be necessary for my child to participate in the league fundraiser and I will be responsible for the products and the funds.**



Signed: \_\_\_\_\_

## ★ EMERGENCY AUTHORIZATION ★

We, the undersigned, parents of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as Agents for the undersigned to consent to medical, surgical, or dental examination, treatment, etc.

In case of emergency, I/we hereby authorize emergency treatment and/or care of \_\_\_\_\_

\_\_\_\_\_ and if I/we cannot be reached, please contact \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **ABGSA PARENT/PLAYER CONDUCT AGREEMENT**

As the parent, guardian, representative of the family of a child participating, or an of age player with the Abilene Boys and Girls Softball Association, I understand that I must conduct myself with consideration and concern for others. I do agree to abide by the following:

- I am responsible for the actions of my child and will be a role model \_\_\_\_\_(Initials)
- If I have a problem, I will calmly discuss it with the coach or a board member. \_\_\_\_\_(Initials)
- I will not let my emotions get the best of me when I am discussing any issues with coaches or board members. \_\_\_\_\_(Initials)
- Any **profanity** by me, my family, friends, or anyone else acting as representative of my family, towards any coaches, officials, players, or any other parents may result in ejection from the team practice or ball fields. \_\_\_\_\_(Initials)
- I will follow all rules and by-laws; I understand that these rules are there for the safety of the players, coaches, officials, spectators, and all involved. \_\_\_\_\_(Initials)
- If I fail to abide by the rules and by-laws, I understand that I may be asked to leave the practice or ball fields and if I refuse, I understand that the police may become involved. \_\_\_\_\_(Initials)

## **MEDIA RELEASE**

I give my permission for the Abilene Boys and Girls Softball Association, and its board members, to record my child's voice and/or likeness for use by video, photo, or printed media to be used on their website. I hereby release them from any and all claims in its usage.

I, the undersigned, am a parent/guardian of the above-specified child. I have read and fully understand the provisions of the above release and have explained them to my child.

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*Parent/Guardian Signature*

*Date*

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*Parent/Guardian Signature*

*Date*

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*Player's Signature (if 18 years or older)*

*Date*