

**2008 NEVADA ASA - JO Division  
PLAYER APPLICATION**

<b>Sally Commerford - JO Commissioner</b> 8027 Rodeo Dr. Las Vegas, NV 89123 702-361-7431 SallyASA@aol.com <b>Robin Levesque – Northern District JO Commissioner</b> 948 Rio Vista Dr. Sparks, NV 89434 775-355-1952 Email: Robinnvasa@sbcglobal.net <b>Nancy Hill – Southern District JO Commissioner</b> 2107 Birch Leaf Circle Las Vegas, NV 89156 702-438-7305 Email: NancyHillASA@embarqmail.com	<b>COMMISSIONER USE ONLY</b>	
	AGE (as of Dec. 31 <sup>st</sup> ) _____ TEAM _____ DIV _____ Played ASA last year: <input type="checkbox"/> Yes <input type="checkbox"/> No Classification: <input type="checkbox"/> A <input type="checkbox"/> Gold Birth Certificate Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Registration Date: \_\_\_\_\_ No: \_\_\_\_\_

Player Information			Father's Information			Mother's Information		
NAME _____			NAME _____			NAME _____		
DATE OF BIRTH _____		AGE _____	HOME PHONE _____			HOME PHONE _____		
HOME PHONE _____			EMAIL _____			EMAIL _____		
ADDRESS _____			ADDRESS _____			ADDRESS _____		
CITY _____	STATE _____	ZIP _____	CITY _____	STATE _____	ZIP _____	CITY _____	STATE _____	ZIP _____
SCHOOL _____			EMPLOYER _____			EMPLOYER _____		
PREVIOUS TEAM / DIVISION _____			WORK PHONE _____			WORK PHONE _____		
PLAYER LIVES WITH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BOTH			DID ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>Medical Accident Insurance</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			CARRIER: _____					

**Medical History**

Asthma  Allergies  Glasses/Contacts  Fractures within past year  Dental Braces or Bridges  Head injuries within last year  Serious Illnesses

**EMERGENCY, MEDICAL RELEASE**

I/We, the parent/guardian give permission for any emergency treatment necessary either on the practice field or on the game field, I/We authorize any hospital and/or physician to perform emergency treatment from any injuries resulting from any scheduled function including the supervised travel to and from said function.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

**PARENT WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT**

I/We the parent/guardian of the above named minor child, hereby give my/our consent and approval for my child to participate as a member of Nevada ASA - Las Vegas. I/We understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of softball as well as in traveling and other related activities incidental to my child's participation and I/We am willing to assume these risks on behalf of my child and do hereby waive, release, discharge Nevada ASA - Las Vegas. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. I/We hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities that would restrict full participation in these activities.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

I/We have furnished a certified Birth Certificate of the above named applicant with this application.  YES  
 I/We certify that to the best of my/our knowledge, all of the above information is accurate and correct.  YES

I (We) Understand that by signing this registration form, my (our) daughter is obligated for the entire season to this Classification and is now an "A" Classified player which cannot participate on a "B" or "C" ASA team. I/We understand that a player cannot play in more than one classification during the same season and may not participate on a team more than one age division older. A player or team may request to the JO Commissioner to be reclassified & must do so before returning to a lower classification or participating on a team more than one age division higher. I also understand that my daughter must receive a written release or have a current \$0.00 balance statement prior to communicating with any other team. No player, parent/guardian may attempt to recruit another player while they are participating at a team function such as a practice, game or tournament in or out of state and understand that such action will result in suspension or removal from the ASA. No player, parent, coach or manager may recruit a "B" or "C" player during the Recreational League's season (Approximate dates are Spring-Feb. 1-May 23, All Stars- May 1-Aug. 15 & Fall-Aug 1-Nov. 22)  
 I/We agree to abide by all ASA guidelines and rules.

Player's Signature \_\_\_\_\_  
 Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_