

**NEVADA ASA
TRYOUT QUESTIONNAIRE**

Players Name: _____ Birthdate _____

Are you currently participating with another ASA "A", "B" or "C" softball team? _____

If yes, which team? _____

What is the name of the last ASA League/Team & Season you played for them?

League/Team Name Season

Do you have a release from that Team? _____

The current Nevada ASA Contracts prohibit any "A" player or parent from contacting, trying out, practicing or playing for any team without a release from their previous "A" team or a current \$0.00 balance statement. A "B" or "C" player may not participate with an "A" team until their League Season has ended.

To my knowledge I am eligible to tryout for the

_____ today.
Team Name

Player Signature: _____ Date _____

Parent/Guardian Signature: _____ Date: _____

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.

Parent/Guardian Signature: _____ Date: _____

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.

Parent/Guardian Signature: _____ Date: _____