



# SUNRISE OPTIMIST GIRLS SOFTBALL PLAYER CONTRACT



I, \_\_\_\_\_ agree to become a member and play for the \_\_\_\_\_  
(Team Name, if known) in the Sunrise Optimist Girls Softball. I understand that once I have chosen a team this is the only team within league play that I will be allowed to play on unless a transfer for exceptional circumstance is approved by the Board of Directors. Players may play on other teams for tournament play

AGE DIVISION: CHECK ONE (AGE IS AS OF December 31, 2017)

( ) 6 & Under (Pixie) ( ) 8 & UNDER ( ) 10 & UNDER ( ) 12 & UNDER ( ) 14 & UNDER ( ) Senior League  
(16 & 18 U teams play in one Senior League).

PLAYER FEES ARE \$60.00 ASA Accident & Liability Insurance is available for an additional fee of \$15.00. This insurance is secondary to primary coverage.

Fee Attached: \_\_\_\_\_ Player Fee: \_\_ \$60.00 or \_\_ \$75.00 (Cash \_\_\_\_\_, Check # \_\_\_\_\_) Total Fee: \_\_\_\_\_

\*\*\*\*\*FEE MUST BE ATTACHED TO THIS CONTRACT\*\*\*\*\*

PLAYER NAME: \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
SCHOOL ATTENDING \_\_\_\_\_ HOME PHONE \_\_\_\_\_ DAY PHONE \_\_\_\_\_  
Contact e-mail address \_\_\_\_\_ (required)  
AGE AS OF December 31, 2017 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred on suffered by my child while practicing or playing as a member or in a non-playing capacity of my team. In addition to giving my full consent for my child's participation, I do hereby release, discharge, and agree not to sue the team, Sunrise Optimist Club or Softball, the owner or operator of the complex, the Amateur Softball Association, or their owners, officers, agents, servants, association, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America, for any claim, damages, costs including attorney fees, or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by my child. I attest that the given birth date is correct and certify that the child named above attends the school listed above or legally resides in that school district and that the attached photocopy of the birth certificate is accurate. I hereby acknowledge that ineligible players are subject to suspension from both the league and ASA tournament and championship play and that coaches are subject to suspension for false statements regarding player eligibility. Parents are responsible for reporting to league officials violations of league rules.

By signing below both players, parents, and coaches hereby certify that they have read this players contract and agree to its terms and conditions.

PLAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HEAD COACH SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

All checks should be made payable to the Sunrise Optimist Girls Softball (SOGS). The league is not responsible for any other funds raised by the teams for their benefit. A photocopy of a record of birth must be given to the team's coach and be available for inspection by the league at any time.

Additional Player Information: Jersey Size \_\_\_\_\_, Short Size \_\_\_\_\_, Level of Play (years) \_\_\_\_\_, Position Played \_\_\_\_\_