

2017 USA Softball of Nevada -JO Division PLAYER APPLICATION

Nancy Hill – JO Commissioner
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Open-Southern JO Commissioner

Registration Date: _____

Registration Number: _____

Player Information

Name

Date of Birth Age

Home Phone

Address

City State Zip

School

Previous Team/Division

Player lives with Father Mother Both

Medical Accident Insurance Yes No If Yes: Carrier: _____

Father Information (Per Birth Certificate)

Name

Phone Number

Email

Address

City State Zip

Employer

Work Phone

Has Address changed since last application Yes No

Mother Information (Per Birth Certificate)

Name

Phone Number

Email

Address

City State Zip

Employer

Work Phone

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 USA Softball of Nevada. 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 USA Softball of Nevada . 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" or "Gold" Classified player which cannot participate on a "B" or "C" USA Softball team without being re-classified. A player or team may request to the JO Commissioner to be reclassified & must do so before returning to a lower classification. 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 individual (player, parent/guardian, staff member or interested individual) 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 USA Softball of Nevada. **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. 30).**

I assure that no party associated with this applicant will be guilty of un-sportsmanlike conduct or acts contrary to the USA Softball of Nevada. I/We have read and agree to abide by all USA Softball of Nevada guidelines and rules.

Player's Signature _____

Father's Signature _____ **Mother's Signature** _____