



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 31st 2020)

() 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 \$65.00 ASA Accident & Liability Insurance is available for an additional fee of \$20.00. This insurance is secondary to primary coverage.

Fee Attached: _____ Player Fee: __ \$65.00 or __ \$85.00 (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, 2020 _____ 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 _____