

CITY OF ADA

Girls League Registration Form

Name of Player _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

School _____ Grade _____

Father _____ Mother _____

Phone _____ father's wk. _____ mother's wk. _____

List any medical problem or allergies _____

Notify in case of emergency _____ Phone# _____

Doctor(in case of emergency) _____ Phone# _____

List name and age of additional siblings in the league _____

Please give this form to your coach.. If you are not on a team call 436-8102 to get a list of coaches. You can mail the Form to the City of Ada Recreation Dept., 231 S. Townsend Ada OK 74820. **MAILING THIS FORM IN DOES NOT GUARANTEE YOUR CHILD WILL BE PUT ON A TEAM.** If form is mailed please include a Copy of birth certificate. Deadline to mail in player fee is April 2, 2010

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the ASA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth athletic programs and in consideration for the ASA accepting the registrant for it's youth sport programs, I hereby release, discharge, and/or otherwise indemnify the ASA, it's affiliated organizations and sponsors, their employees and associated personnel. Including the owners of the fields and facilities utilized for youth sport programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in a youth sports program and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (minor)

As the parent/guardian of the above named player, I hereby give consent for emergency medical care prescribed by a doctor duly licensed to practice medicine or dentistry. This care may be given under whatever conditions to preserve the life, limb, or well being of my dependent.

Signature _____ Date _____

Parental Support

We ask for active participation of all parents in our program. Check the area(s) which you would be willing to help.

Coach Board Member
 Asst. Coach Team Sponsor

Check only ONE age category

- T-ball a player who is 6 years of age or under on Jan. 1 of the current year is eligible. 5 to 6 years old
- 8 & Under a player who is 8 years of age or under on Jan. 1 of the current year is eligible. 7 to 8 years old
- 10 & under-a player who is 10 years of age or under on Jan. 1 of the current year is eligible. 9 to 10 years old
- 12 & under a player who is 12 years of age or under on Jan. 1 of the current year is eligible. 11 to 12 years old
- 14 & under-a player who is 14 years of age or under on Jan. 1 of the current year is eligible. 13 to 14 years old
- 16 & under a player who is 16 years of age or under on Jan. 1 of the current year is eligible. 15 to 16 years old
- 18 & under a player who is 18 years of age or under on Jan. 1 of the current year is eligible.

* Note 8 & under will be coach pitch.
 * Note all other age groups shall be fast-pitch

ORGANIZATIONAL USE ONLY

Reg Fee _____ Amt. Paid _____ Received by _____ Date _____