

**Central California ASA**  
**(Medical Release, Player Affidavit, Player Release)**

**Player  
Information**

Team Name: \_\_\_\_\_ 10U 12U 14U 16U 18U 18G  
Manager (Print): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Player Name (Print): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

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**\* \* \* Warning, Participation in a competitive sport such as softball CAN result in severe injury or death \* \* \***  
I authorize the above named player to play for this team. I further authorize any emergency medical treatment by authorized personnel including hospital treatment for the player named in the event of any injury or sudden illness.

**Parent  
Waiver**

Emergency Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Person: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Allergies/Medicine: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Player  
Affidavit**

**Player understands the following:**

- I may play on only one ASA JO team during the current season.
- I may be unconditionally released from this team within seven days of signing this agreement.
- If I quit this team, I will be ineligible as a pick-up player and ineligible to compete on another ASA team, until released by my manager pursuant to ASA Code, all monies due are settled and all property is returned.
- I may appeal to the Central Cal ASA Jr. Olympic Commissioner for release, if I leave this team for just cause without a release.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Player  
Release**

As manager of the above named team, I release the player named. I also acknowledge that the player named has met all team obligations.

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be held by team Manager until players release.  
Once player is released, mail or fax the completed form to:

Central California ASA  
C/O Dave Forte  
1552 W. Berkshire Way  
Hanford, CA 93230

Ph: 559.584.5605  
Fax: 559.584.5605