



Player Profile

PLAYER'S NAME _____

ADDRESS: _____

CITY: _____

ZIP: _____

HOME PHONE: _____

DATE OF BIRTH: _____

CELL PHONE: _____

EMAIL: _____

SCHOOL: _____

Recent Softball Experience

Recreational League:

ASA/Competitive Level Experience:

ORGANIZATION: _____

AGE DIVISION(s): _____

POSITIONS PLAYED: _____

CHAMPIONSHIP PLAY EXPERIENCE:

Which position(s) would you consider to be your strongest?

Player Profiles constitute an expression of interest to play for the LTG Lions team. A Player Profile must be completed and submitted to the coach no later than the end of the first tryout. Coaches will submit the Player Profile of any player they wish to roster to the President of the Board of Directors. Coaches may advise prospective players that they can recommend players for the team but the final decision rests with the Board of Directors.

No commitments or offers to play for a LTG Lions team may be made to a prospective player nor may the player's name be added to a LTG Lions roster until the player has been approved by the Board of Directors. Every effort shall be made to approve or deny the selection of the prospective player within 48 hours following the last tryout, excluding weekends and holidays



Parent Profile

Mother's NAME: _____

HOME # _____ **CELL #:** _____

ADDRESS (if different than player):

CITY: _____ **ZIP:** _____

Email: _____

Father's NAME: _____

HOME # _____ **CELL #:** _____

ADDRESS (if different than player):

CITY: _____ **ZIP:** _____

Email: _____

As parents in LTG Lions Softball, you are critical to the success of the organization as well as the success of your daughter. We view selection on a LTG Lions softball team as a selection of the entire family, not just the player. We ask the parents and family to briefly answer the following questions.

☞ What type of softball team/organization are you looking for you and your athlete?

☞ What are your expectations of the coaching staff?

☞ What level of commitment and support could the **coaching staff** expect from you and your player?

☞ What level of commitment and support could the **organization** expect from you and your player?

☞ What are your goals for your player

(a) Short term? _____

(b) Long term? _____



Parental Waiver, Release of Liability, Indemnification and Consent Form

I, the undersigned, as parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate as a member of the *LTG Lions*, ASA Softball team.

I understand that there are certain risks of damage and injuries, including death, inherent in the practice and play of softball, as well as in traveling in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment, and other participants.

I understand that sliding into a base (feet first or head first) is dangerous to my child and other players and may result in serious injury or death.

I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and to other players.

Further, I agree that in consideration for the right to allow my child to participate as a member of *LTG Lions* and in consideration for permission to play on the fields arranged for by the team:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by players on my child's team, and (c) while on or upon the premises of any and all of the fields arranged for by my team for practice or play.
2. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the *LTG Lions*, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any other person or entity connected with the team, field or Amateur Softball Association of America for any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I 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 or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby release from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AND AGREE TO ABIDE BY THEM.

NAME OF PLAYER (please print): _____

NAME OF PARENT(S) (please print): _____

SIGNATURE OF PARENT(S): _____

DATE: _____