

TEAM

18u / 16u / 14u / 12u / 10u
Fastpitch Softball

www.impact-pa.com
impactpa@comcast.net

IMPACT

Members:
National Softball Association * NSA
Amateur Softball Association of America * ASA

314 Lindsay Road, Carnegie, PA 15106 * 412-279-7736

PLAYER REGISTRATION \ PARTICIPATION \ WAIVER

NAME _____ BIRTH DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER _____ FATHER _____

PLEASE READ AND SIGN BELOW

I (player name) _____ request to become a member of the Team Impact LLC softball program. I understand that as a member in good standing of the Team Impact LLC softball team I am eligible to compete and practice with the Team Impact LLC team. I understand that I may play on only one team during any season in NSA/ASA/PONY/USSSA championship and league play and the Team Impact LLC is the team, which I have elected to play for.

I understand that I will be responsible to pay a player participation fee to the Team Impact LLC. I understand that the player participation fee is non refundable. I agree to participate in all Team Impact LLC team activities such as practice, games, tournaments, clinics, meetings and other team related events.

I understand that failure to satisfy my player participation fee will make me ineligible to participate on the Team Impact LLC team or on any other NSA/ASA/PONY/USSSA or league team until my obligations are satisfied.

I hereby subscribe my name and signature and by doing so certify that I have read the statements above and agree to their intent and to be assigned to the Team Impact LLC softball program.

Player Name _____ Signature _____ Date _____

I hereby subscribe my name and signature and by doing so certify that I have read the statements above and agree to their intent and to be responsible for paying my daughter's player participation fee to the Team Impact LLC as her parent or legal guardian. I understand that the player participation fee is non refundable.

Legal Guardian
Parent Name _____ Signature _____ Date _____

Relationship _____