

Tulsa Girls Softball Federation

P.O. Box 691973 □ Tulsa, OK 74169 * (phone) 918-437-5072 - (fax) 918-610-5767
 (web page) www.tulsa-girls-softball.com * (e-mail) tgsf67@gmail.com

PLAYER/PARENT CONTRACT

Recreational _____ Competitive _____ Age Group (Circle one): 06 07 08 09 10 11 12 13 14 15 16 18

Player: First Name: _____ Middle Name: _____ Last Name: _____
 Current Age: _____ Birth date: _____ (Rec. League: a copy of birth certificate must be attached or on file with TGSF).
 Address: _____ City, St: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ e-mail: _____
 School Attending: _____ Grade: _____

Mother/Guardian:
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____
 Last Years Coach: _____

Father/Guardian:
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-Mail: _____
 This Years Coach: _____

PARENT CODE OF ETHICS / PLAYER AGREEMENT—By my initials and signature below I acknowledge that I have fully read and understand the Parent Code of Ethics on page 2 as well as the Player Agreement and I have also discussed these with my child . I am also aware that the Code of Ethics and Player Agreement may be found on the TGSF website. **Initials** _____

MEDICAL INFORMATION—List any medical / physical problems or restrictions of the player. If NONE, so state: _____
 Is player covered by hospitalization insurance? YES ____ NO ____ If yes, what company? _____ . Emergency contact other than parent/guardian: Name _____ Phone # _____. By my initials and signature below I recognize that my personal insurance will be the primary and insurance carried by TGSF will be secondary. **Initials** _____

AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY—I agree to allow said player to participate in girls Fastpitch softball. My initials and signature below acknowledges that I am aware that participation in sport activities exposes said player to the risk of physical injury by the nature of the sport. This being considered, I do release and exonerate Tulsa Girls Softball Federation, Tulsa Parks and Recreation Department, Tulsa County, the Board of County Commissioners, Bixby Girls Softball League, Bixby Parks/Recreation Department, Tulsa Public Schools, all officers, coaches, players, umpires, their agents, and representatives from any and all liability as a result of injury associated with participation in this sport. **Initials** _____

AUTHORIZATION FOR EMERGENCY CARE OF MINOR-REFERENCE TO TITLE 10 O.S. (1974 SUPP) SEC. 170.1—I, the undersigned parent or legal guardian of the minor child, for whom this player/parent contract is executed, do hereby authorize any x-ray equipment, anesthetic, dental, medical, or surgical diagnosis or treatment by any licensed physician or dentist and hospital service that may be rendered to said minor under the general, specific, or special consent of the manager or coaches of the TGSF team to which the minor is assigned or the manager, coaches of any other affiliated team to whom the minor has voluntarily joined. The diagnosis or treatment may be rendered at the office of the physician or dentist or at a state licensed hospital. I authorize the physician or dentist to call in any necessary consultants at his or her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage team managers and coaches, physicians and dentists to exercise their best judgment in the parents or guardians absence, as to the requirements of such diagnosis or medical or dental or surgical treatment in the best interest of the health and welfare of the minor child. This authorization and consent shall remain in effect until Dec. 31st of the year signed, unless sooner revoked in writing and delivered to TGSF-PO Box 691973-Tulsa, Ok 74169.

Date	Name	Relationship to Minor	Parent/Guardian Signature
Date	Name	(If 18 years of age or older) - Player's Signature	

CONTRACT MUST BE COMPLETED, SIGNED, AND PAYMENT RECEIVED PRIOR TO PARTICIPATION IN LEAGUE

REC LEAGUE ONLY: I would like to volunteer for: Board Member ____ Coach ____ Asst. Coach ____ Scorekeeper ____ Team Parent ____
 Comments: _____

TGSF ONLY:
 Payment: Amount: _____ Check # _____ Name on Check: _____ Recd by: _____ Date: _____
 Birth Certificate: On File: _____ Recd: _____ Need: _____ T-shirt: YXS YS YM YL AS AM AL AXL A2X A3X

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Parent's Code of Ethics

I hereby pledge support for my child participating in youth sports by following this Parents' Code of Ethics:

- ◆ I will do my very best to make youth sports fun for my child.
- ◆ I will get interested in and learn the rules of my child's sport.
- ◆ I will encourage good sportsmanship.
- ◆ I will support coaches and officials working with my child.
- ◆ I will treat other players, coaches, fans, and officials with respect and dignity.
- ◆ I will make only positive, encouraging comments to the players on both teams.
- ◆ I will remember that making mistakes is part of the learning process and not criticize.
- ◆ I will not discuss any concerns I have in front of my child or her teammates.
- ◆ I will control my emotions.
- ◆ I will make every effort to see that my child arrives for and is picked up from practice and games on time.
- ◆ I will notify the coach if my child can't make practice or a game.
- ◆ I will help by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.

Player Agreement

1. I understand that I may be on only one USSSA team roster at a time in a division (Fastpitch / slowpitch, etc.) during the current season that begins on August 1st and ends on July 31st of the following year.
2. I shall not be guilty of unsportsmanlike conduct or any other acts that are contrary to the objectives and purposes of USSSA.
3. I shall not recruit players who are rostered on other USSSA teams to leave their team to play for this team or any other USSSA team.
4. I shall accept the manager's decision (and changes) concerning my playing position and the amount of time I play in any game or tournament.
5. I understand that unless otherwise agreed in writing, my time and / or money are given of my own free will. I understand the team manager will manage the team funds. I also understand that the manager should provide me with team accounting records; however, if the manager fails to do this, it is my responsibility to hold the team manager accountable.
6. If I leave this team for any reason, I shall return all team uniforms and equipment to the manager within five (5) days and in good condition except for normal wear. Failure to do so could render me ineligible until the manager is reimbursed.
7. I understand that I will be frozen on my team's roster effective with participation in the USSSA State Tournament.