

# Tulsa Girls Softball Federation

P.O. Box 691973—Tulsa, OK 74169 \* (phone) 918-437-5072 - (fax) 918-610-5767  
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## PLAYER/PARENT CONTRACT

Recreational: \_\_\_\_\_ Age Group: 06\_\_\_\_ 08\_\_\_\_ 10\_\_\_\_ 12\_\_\_\_ 14\_\_\_\_ 16\_\_\_\_ 18\_\_\_\_

**Player Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **CitySt:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Mother/Guardian:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Father/Guardian:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

List any special instructions regarding placement: \_\_\_\_\_

Last Year's Coach: \_\_\_\_\_ This Year's Coach: \_\_\_\_\_

**PLEASE HELP—VOLUNTEERS NEEDED:** TGSF operates primarily with volunteers. In order to provide a league for girls softball, we rely heavily on your help. Please help out by volunteering today.

**I would like to volunteer for the following:**

**Coach** \_\_\_\_\_

**Scorekeeper** \_\_\_\_\_

**TGSF Board Member** \_\_\_\_\_

**Asst. Coach** \_\_\_\_\_

**Team Parent** \_\_\_\_\_

**Other** \_\_\_\_\_

**TGSF USE ONLY:**

Amount Paid: \_\_\_\_\_ Check/Pay Pal # \_\_\_\_\_ Check Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name on Check \_\_\_\_\_ Recd by: \_\_\_\_\_

Age Group: \_\_\_\_\_ Coach Assigned: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

**PARENT 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 wherever I can, such as being a respectful fan, assisting with coaching or providing transportation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to minor player \_\_\_\_\_

**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? \_\_\_\_\_  
Person (other than parent/guardian) to notify in case of emergency: NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

By my signature below, I recognize that my personal insurance carrier will be primary and insurance carried by TGSF will be secondary:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to minor player \_\_\_\_\_

**AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY**

I agree to allow said player to participate in girls fastpitch softball. My 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, Board of Country Commissioners, Bixby Girls Softball League, Bixby Park and Recreation Department, Tulsa Public Schools, Memorial Community Center, all officers, coaches, players, umpires, and all their agents, representatives from any and all liability as a result of injury associated with participation in this sport activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Player's Signature \_\_\_\_\_

**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 teams 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/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 parent's or guardian's 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 effective until December 31, \_\_\_\_\_, unless sooner revoked in writing and delivered to TGSF—P.O. Box 691973—Tulsa, OK 74169.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to minor player \_\_\_\_\_