

METRO ST. LOUIS ASA
AMATEUR SOFTBALL ASSOCIATION
9464 PAGE AVENUE
ST. LOUIS, MO 63132
314-429-7577

Team: _____	Age Div: _____	Class _____
Manager Name: (Print)(Last) _____	(First) _____	
Manager's Address: _____	City/State: _____	Zip: _____
Manager's Phone: () _____	Date Rec'd: _____	
Manager Signature: _____		

I understand that I may play on only one ASA team during the current season that starts **1/01/**__ and ends in Championship Competition and this is the team with which I have elected to play. If I quit this team, I will be ineligible as a pick-up player and I will be ineligible to compete on another ASA team as long as this team remains eligible for Championship Competition. I may appeal to the ASA Commissioner if I leave this team for just cause without a release and desire to play for another ASA team this season. The Commissioners decision shall be final. I am automatically released from this team **8/15/**__ or if this team changes either age division or classification. I agree to obey all ASA Codes & Rules including but not limited to the following:

Managers shall not violate the St Louis ASA Metro Rules and regulations or National Code. They shall also abide by the following where applicable.

1. I shall not be guilty of unsportsmanlike conduct or any other acts that are contrary to the objectives and purposes of ASA.
2. I shall not recruit player(s) who are rostered on any other ASA team(s).
3. I shall accept the manager's decision (and changes) concerning my playing position and the amount of time I will play in any game or tournament.
4. Upon my release, withdrawal or quitting this team, I shall return all ASA team uniform and equipment items to the manager in a timely manner and in good condition except for normal wear. Failure to do so will render me ineligible in ASA until the manager is reimbursed \$_____.
5. I understand that June 1 is the deadline to be released or withdraw from this team to compete in Championship Competition with another ASA team this year.
6. I understand that I have five (5) days from the date this agreement is received by the Commissioner to withdraw from this team, without consent of the manager, by written notice to the Commissioner. Regardless of my withdrawal from this team, I understand that all other provisions of this agreement shall be enforced.
7. Shall have control of coaches, players and fans while participating in ASA activities.
8. Shall release all players, if team is not entering ASA Championship play.
9. Shall provide proof of Team Insurance (Accident/Liability) at the time of registration.

I have carefully read this agreement and fully understand its content.	
Player's Signature: _____	Date _____/_____/_____
Parent/Guardian Signature: _____	Date _____/_____/_____
Player's Signature: _____	Date _____/_____/_____
Parent/Guardian Signature: _____	Date _____/_____/_____
Player's Signature: _____	Date _____/_____/_____
Parent/Guardian Signature: _____	Date _____/_____/_____

I have carefully read this agreement and fully understand its content.

Team: _____ Manager's Name: _____

Player's Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Player's Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Player's Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Player's Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

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Parent/Guardian Signature: _____ Date ____/____/____

Player's Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Player's Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Manager's Signature: _____ Date ____/____/____