

All Star Parent's Pack



The All Star Team Parent Packet is intended to provide you with all of the documents required to allow your child to tryout for a GAA All Star team. You need to print out all of the forms contained in this packet, complete and sign each form, and bring the forms to the tryout. Please make sure you read through the parent steps at the bottom of this page to insure you have completed all forms and steps.

Player Nomination:

I _____, parent of _____, have read the “**All Star Experience Fact Sheet**” and understand the commitment of players selected to play on an All Star team. I understand my child's nomination does not guarantee my child will be selected to play on an All Star team.

I understand that my child will be trying out for an All Star team(s) for the specific age group my child participated in during the current spring season. I understand that if selected for an All Star Team, my child must play for that team and will not be able to play for any other All Star team during the All Star season.

Signature Parent or Guardian _____ Date _____

All Star Team Parent Packet Steps:

Prior to bringing your child to the scheduled tryout location, make sure you have thoroughly completed the following steps. On the day of the tryout bring the completed parent packet to the registration area at each tryout location. Once the packet is reviewed at the registration area, your child will be issued a tryout number and a tryout evaluation form. You will need to pin the tryout number onto the back of your child's jersey and take the tryout evaluation form to the instructed field. **Please note your child should wear their game uniform and bring their glove, bat, and helmet with them.**

Steps	Action Required
1) Player Nomination	Signed and Dated
2) Informed Consent / Release of Liability Form	Signed and Dated
3) Stapled Forms Together	Staple all forms together in the order identified in steps 1 and 2.



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Informed Consent / Release of Liability

I hereby give my permission for _____ (child name) to participate in the GAA Baseball/Softball All Stars.

Further, I hereby grant my permission to managing personnel or other league / team representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or where neither parent or legal guardian is available to grant authorization for emergency treatment.

My child and I are aware that participating in GAA Baseball/Softball Program is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I also assume all risks and/or hazards incidental to such participation including, but not limited to, transportation to and from activities and do hereby waive, release and agree to hold harmless Granbury Athletic Association, The City of Granbury, Granbury Independent School District, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to the player named.

I understand this Informed Consent / Release of Liability Form and agree to its conditions on behalf of my child.

Signature Parent or Guardian _____ **Date** _____

Parent or Guardian Name (print): _____

Address _____

Home Phone (____) _____ E-Mail Address _____

Business Phone (____) _____ Wireless Phone (____) _____

Other contact in case of emergency: _____

Relationship to Child _____ Phone (____) _____