



# 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 an FMYSA 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. By selecting one of the boxes below I am nominating my child to tryout for the FMYSA \_\_\_\_\_ (e.g., 9U, 12U, etc) Age Group All Star Team. I understand my nomination does not guarantee my child will be selected to play on an All Star team.

I agree to nominate my child to tryout for: (check all that you want)

**Premier All Star Team**

**Local All Star Team(s)**

**Both the Local & Premier All Star Team(s)**

I understand the process and commitment required in order for my child to play on the above selected All Star Teams, if the coach selects him.

I understand that my child may tryout for any and all All Star team(s) available for the specific age group my child participated in during the current spring season. Further, my child must attend each All Star team's specific tryout in order to be considered by that coach.

Signature Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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## 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.

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

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.**



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## Informed Consent Form

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

Further, I authorize Coach \_\_\_\_\_ or one of his Assistant Coaches to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in FMYSA 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 understand this Informed Consent Form and agree to its conditions on behalf of my child.

**Signature Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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Parent or Guardian Names (print): \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Wireless Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Pre-existing medical conditions, e.g., allergies or chronic illnesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other contact in case of emergency: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_



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### Release of Liability Form

**RELEASE OF LIABILITY:** I, the parent or legal guardian of the registrant, a minor, agree that I and the registrant will abide by all rules of Flower Mound Youth Sports Association. I 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 Flower Mound Youth Sports Association, The Town of Flower Mound, Lewisville Independent School District, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to the player named. I, the undersigned, hereby give consent for emergency medical care prescribed by a duly licensed physician of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Parents' of Guardians' Names: \_\_\_\_\_

FMYSA Head Coach (Name): \_\_\_\_\_

FMYSA Head Coach (Signature): \_\_\_\_\_ Date: \_\_\_\_\_