

GEORGIA USSSA PLAYER PICK-UP FORM

Date:

Event Name:

Player & Team Information

First name	
Middle name	
Last name	
Player's Birthday	
Contact Phone Numbers	
Name of Present Team	
Age Group of Present Team	
Division Class of Present Team	

Pick-Up Team Information

Name of Team picked-to	
Division Class of Pick-up Team	
Age Group of Pick-Up Team	

By signing this player pick-up form the Manager of the pick-up player's team understands that this form entitles for this player to play on this team for this event only and is not part of his or her permanent season roster.

We also further agree for ourselves, successors, heirs and assigns to indemnify and hold USSSA harmless from all claims and suits for personal injuries, including death, damages to property by our act of omission arising out of our participation in the USSSA and from all judgements recovered and from expenses incurred in defending said claims or suits.

Pick-up team Manager	
Tournament Director.	