

**QUALITY SPORTS AUTHORITY  
Baseball/Softball REGISTRATION FORM**

12725 North Rd  
ERATH, LA. 70533

PHONE: 337-937-4360 FAX: 337-937-4359

**Jeremy@qualitysports.org**

Birthdate: \_\_\_\_\_ Age/Grade \_\_\_\_\_ / \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

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

High school zoned for: **AHS EHS KHS DHS VC NVHS LHCA AHOP** Other: \_\_\_\_\_

Circle league: **T-ball (Co-ed 3-4) T-Ball (Co-ed 5-6) Baseball (7 and Up) Girls Softball(5-8) Girls Fast-Pitch(9-14)**  
**\$35 \$50 \$65 \$50 \$50**

**Shirt Size: YS YM YL AS AM AL AXL (circle one)**

Lives With (Father / Mother / Both)

< Father >
Name: _____
Address: _____
City _____ State ____ Zip code _____
Home Phone _____
Cell Phone _____
Email: _____

< Mother >
Name: _____
Address: _____
City _____ State ____ Zip code _____
Home Phone _____
Cell Phone _____
Email: _____

**REQUIRMENTS FOR ALL PLAYERS**

I do hereby give my permission for the above named to participate in the Quality Sports Authority program during the current season. I will Assume all risks and hazards that are incidental to the conduct of the activities. I further agree to release, absolve, indemnify and hold harmless, Quality Sports Authority League, their sponsors, organizers, supervisors, officers, and field owners, of all legal responsibilities.

I give permission to this League, its officers and representatives, to provide medical treatment in case of an emergency or injury.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- Registration fee as listed above on this form. A \$20 late fee for any child registering after March 10<sup>th</sup>.
- The player must furnish a case of Coca-Cola product as the coach will inform the team of due date and product.
- The player will participate in a league fundraiser during the season.

I HAVE READ THE ABOVE INFORMATION AND AGREE TO THE REQUIRMENTS AND I WILL ALLOW MY CHILD TO PARTICIPATE IN QSA Baseball/Softball.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Verified by: \_\_\_\_\_

**VOLUNTEERS NEEDED:** IF YOU ARE INTERESTED IN COACHING/ASSISTING A TEAM PLEASE LET US KNOW- NO EXPERIENCE IS NEEDED, WE ARE MORE THAN WILLING TO ASSIST YOU IN COACHING

VOLUNTEER COACH'S NAME: \_\_\_\_\_ COACH'S PHONE NUMBER: \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO QUALITY SPORTS AUTHORITY**

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