SD State Girls Fastpitch Tournament (10U – 18U) July 9 – 11, 2021

Fillable PDF forms are available at:

http://www.usasoftballofsouthdakota.com/content/new-forms-2.html

\$200 Entry Fee & Forms should be sent to: Carol Pipgras, 804 S. Garfield Ave., Sioux Falls, SD 57104 Entry Deadline: June 25th

State Tournament Entry Form

Pick-Up Player Form

	A Softball of S DULT & JUNIOR OLYMPI compete in National Tour	IC STATE TOURNAMEN	PICK-UP PLAYER F	PICK-UP PLAYER FORM			SA TBALL	USA Softball 2801 N.E. 50th Street Bilahama City, DR 7011 (405) 494-5059 - (405) 494 8055 + www.usanoffball.com					
Team Name					Team Name				Division or Classification of Championship Play (men or women, bays or girls, skow, fast, 18 inch or modified pitch; age or divisions group)				
Team City									(men or women; boys or gi	ris; slow, fast, 16 inch or modified	pitch; age or divisions group)		
				Instructions: Complete all the abov	ve information and attach to your t	eam roster. Mail a cop	y to the tournament di	ector and re	eserve a copy for your local commissione	r and a copy			
Manager's Name				for your records. If necessary, you r will be allowed to participate if this	may hand carry this form along wi s form is not presented with your t	th your team roster to team roster to the tou	the tournament and pro mament director for in:	sent to the pection.	tournament director upon arrival. No pic	k-up players			
St. Address City State Zip			Print or Type Player's Name	Print or Type Player's Name Adult Player's Signature Bonafide		onafide Residence Address Birth Date		Parent's/Guardian's Signature	Relationship	From which team was player picked up?			
Phone # Ceil #											(required)		
Email			MANDATORY	MANDATORY		MANDATO RY		MINORS	ONLY	Division	Class		
Email													
"Youth check two (2) boxes, the "Adults check appropriate box (1)					This	certifies that the above	listed player meets the re	quirement of	Article 303 of the USA Softball Code. See rev	erse side for Article 303.			
X Junior Olympic	Women's Slowpitch	X Men's Slowpitch	X Adult Fastpitch										
Girls Slow Pitch Sioux Fall 7/21 - 7/22	35 & Over Pierre 7/14	B-C Open Pierre 8/4 – 8/5	Women's Fastpitch Sioux Falls 7/21—7/22										
Boys Slow Pitch	Division 1	Division D	Men's Masters	Manager's Signature	Manager's Signature Bate		Manager's Name (Print or Type)				Manger's Address (Print or Ty		
Sioux Falls 7/21 - 7/22	Rapid City 7/28 - 7/29	Pierre 8/4 – 8/5	Sioux Falls 7/21—7/22				,,,,,					,,,,	
Girls Fast Pitch A Sioux Falls 7/13 – 7/15	Division 2 Huron 7/21 – 7/22	Division E East Huron 8/11-8/12	Boy's Fast Pitch Sioux Falls 7/28—7/29										
Girls Fast Pitch B	Division 3	Division E West	Class A Men's										
Sioux Falls 7/13 - 7/15	Rapid City 7/28 - 7/29	1122 Rapid City 8/18	Sioux Falls 7/28—7/29	Local Association Commiss	sioner Signature (or Designee)	Bate	Cell Phone #		Local Association		USA Softball Region Number		
Girls Fast Pitch C	Division 4	Rec Division East	Class A, B, C Nationals Sioux Falls 8/4—8/5										
Sioux Falls 7/13 – 7/15 Co-ed Youth Slownitch	Huron 7/21 – 7/22 Division 5 East	Brookings 8/18 – 8/19 Rec Division West	Sioux Palis 8/4—8/5										
Watertown 8/11 -8/12	Huron 7/21 – 7/22	Rec Division West Rapid City 8/18 – 8/19				Date	Cell Phone #		Incal Association				
10 & U	Division 5 West	Adult Co-ed	Bio Bell (14" & 16")		Original Team's Local Association Commissioner's Signature (or Designee)		Date Cell Phone =		Local Association		USA Softball Region Number		
	Rapid City 7/28 – 7/29			Signature (or or									
12 & U	Division 6 East Huron 7/21 = 7/22	Rec Division Spearfish 9/8 – 9/9	14" 35 & Over Aberdeen 8/11		PARENT/GUARDIAN AFFIDAVIT IF PLAYER IS A MINOR. HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.								
14 & U	Division 6 West	Competitive Division	16" Class A										
	Rapid City 7/28 - 7/29	Spearfish 9/8 – 9/9	Aberdeen) 8/12		NOTE. For Junior Olympic divisions, verification of birth date for each player must be attached (i.e. birth certificate, buptismal certificate, hospital certificate may be used). Legible photocopies will be accepted. By signing this form, player or quardian arere to be bound by all terms and conditions contained on the USA Softball Official Chamiconship Roberts are previously signed.								
16 & U	All Indian Slowpitch	Rec Division	14" Class A	player or guardian agree to be boun	nd by all terms and conditions con	tained on the USA Soft	dali utticiai unampionsi	np Hoster a	s previously signed.				
18 & U	Men's One Division	Watertown 9/15 – 9/16 Competitive Division	Aberdeen 8/25 – 8/26	T release, discharge and agree not t	to sue the team and/or league des	ignated below or any i	wner or leasee of field:	on which s	of thall is played or practiced by my team	or USA Softball, or the	r owners, officers, um	nires, agents.	
	Pierre 8/25—8/26	Watertown 9/15 - 9/16	Aberdeen 8/25 – 8/26	servants, associations, employees,	I release, discharge and agree not to sue the team and/or league designated below or any owner or leasee of fields on which softball is played or practiced by my team or USA Softball, or their owners, officers, umpires, agents, servants, associations, employees, or any practice or entity connected with the team, league, field or USA Softball for any claim, demages, cost or cause of actions which I have or may in the future have so a result of injuries or							f injuries or	
Girl's Slowpitch Nationa	Women's One Division	Open Division	14" Class C	damages sustained or incurred by r	me from whatever cause including	, but not limited to the	negligence, breach of	contract or i	wrongful conduct of these parties hereb	y released. I further agi	ee that I shall hold ha	rmless and fully	
Watertown 7/27 - 7/29	Pierre 8/25—8/26	Watertown 9/15 - 9/16	Aberdeen 8/25 – 8/26	indemnify the parties hereby releas	sed from any claims, damages, cos	ts including attorney	ees, and cause of actio	n which may	y arise from any claim or cause of action	made by me, through m	e or on my behalf even	if the damages,	
				injuries or death are caused in who	le or in part by any of the parties o	r entities hereby rele	ised.						
*Co-ed: Rec Division No players from a Women's D-1, D-2 team and/or a Men's B/C open or D team: Competitive Division No more than a combined 3 players from Women's D-1, D-2 team and/or Men's B/C open or D team: Open Division no restrictions				I also hereby give permission to the team manager, indicated on this page, to obtain medical treatment for the minor player, which I am either parent or guardian, in the event I am not available and medical treatment is required.									
*Attention Youth Yeams: Minimum of one manager or coach must be ACE Certified & all other coaches/bench personnel must be background checked to play in USA Softball of South Dakota State or USA Softball National Tournaments.				I also hereby give permission to US	I also hereby give permission to USA Softball and its local associations to use, in any and all publications that they may desire, all pictures taken of minor players in their publicizing the game of softball. I hereby subscribe my name in the column for signature and by doing as certify that I have read this statement and that information supplied on this rester is correct to the best of my knowledge.								
*Deadline: Check tournament page of send entry form, tourney affidavit, and		your team desires to play in for the	e entry deadline, address to	in the column for signature and by C	uoning so certify that I have read to	no statement and tha	. mnormacion supplied c	n uns füste	i is correct to the best of my knowledge			Revision Date:	
*Important: Registered teams may pentry forms must be used. Is your te										nevision Date			

Roster (2 pages)

