



EDGFSA PLAYER AFFIDAVIT

Name: _____
Address: _____
Parent Email(s): _____
Home Phone: _____
Date of Birth: _____

AGE AS OF JANUARY 1, 2015: _____

I AFFIRM THE ABOVE INFORMATION IS TRUE AND CORRECT. IF NECESSARY, I GIVE MY PERMISSION FOR REPRESENTATIVES OF EAST DEKALB GIRLS FASTPITCH ASSOCIATION TO OBTAIN ANY SUPPORTING DOCUMENTATION NEEDED TO CONFIRM THE AGE OF MY CHILD.

PARENT'S NAME (Please print): _____

PARENT'S SIGNATURE: _____

ASSOCIATION NAME: _____

LEAGUE AGE GROUP: _____ TEAM NAME & COLOR: _____



(player #) (player name)

AS REPRESENTATIVES OF EAST DEKALB GIRLS FASTPITCH SOFTBALL ASSOCIATION, WE THE UNDERSIGNED DO AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE BIRTH CERTIFICATE PRESENTED WITH THIS AFFIDAVIT IS ACCURATE AND REFLECTS CORRECT INFORMATION FOR THE ABOVE LISTED\PICTURED PLAYER. WE ALSO AFFIRM THAT THE PLAYER PICTURED ABOVE PLAYS ON THE ABOVE LISTED TEAM THROUGH ENROLLMENT WITH THE SAID ASSOCIATION.

ASSOCIATION REPRESENTATIVE

EDGFSA OFFICIAL