

**Pearland Girls Softball Association  
Legacy Player Designation Acknowledgement and Consent Form**

I, \_\_\_\_\_, the undersigned Parent or Guardian of \_\_\_\_\_, hereby acknowledge, understand, and agree as follows:

1. I voluntarily elect and consent to have my child designated as a legacy player on the designated team below.
2. I agree that my child will be required to complete the season as a legacy player on the designated team below.
3. I understand that after the completion of the season, I can choose to no longer have my child designated as a legacy player on the designated team below.
4. I understand that after the completion of the season, I can choose to have my child participate as a legacy player on another team or have my child drafted pursuant to PGSA Rules.
5. I understand that my child's legacy designation must be agreed to by the designated coach listed below.

Signature of Parent/Guardian:	Date:		
Full Name of Player:		Date of Birth:	
Street Address:			
City:	State:	Zip Code:	
Designated Coach:	Designated Team		
Season: (circle one)	Fall	Spring	Year:

