

DISTRICT 31 PIXIE DISTRICT TOURNAMENT PUNCH LIST

MAY 9-10, 2026

WHAT TO BRING TO THE TOURNAMENT

You will check in at the registration table when you arrive at the complex and PRIOR to playing any of your pool games. Allow time to turn in all your documents.

**>>>EVERYTHING MUST BE PRINTED OUT<<< >>>NO DIGITAL COPIES<<<
NO BINDERS – JUST THE PAPERS PLEASE**

- Filled out Championship Roster** – (email addresses are not necessary on the roster; parents must sign AND initial). Email roster only to usasoftballtxd31@gmail.com by May 1, 2026 for registration verification. Bring the original with you to check-in.
- Liability Form** - (we will sign the liability form at the tournament) – DO NOT SIGN THE RIGHT SIDE OF THE FORM.
- Hard copy of each player’s **birth certificate** (not digital).
- Photo of each player** (head shot only) printed out and attached to their birth certificate or all photos on one page labeled with each player’s name on their photo.
- Copies of coaches **ID Cards** for **ALL adults on the field or in the dugout** (printout must show their background check has cleared (green check mark) and must have a current expiration date. ID Card must show **SafeSport Completion** (green check mark) and must have a current expiration date. ONE coach MUST have ACE certification (green check mark) on their ID card. (See example of printout on pg 2)
- Entry Fee of \$275 (league check, cash or money order – no personal checks)

★ If you or the adults on your team do not have their background checks and SafeSport Certificates; go to <https://usasoftballoftexas.com> **ASAP** and get this taken care of.

---EXAMPLES OF DOCUMENTS TO BRING TO THE TOURNAMENT---

CHAMPIONSHIP ROSTER

USA SOFTBALL OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM		TEAM NAME	CITY/STATE	DIVISION		
2023 YEAR	OFFICIAL NATIONAL CHAMPIONSHIP ROSTER	6U CITY ALL STAR TEAM	CITY, TX	6U		
<small>(1) Once added player should read the statement on separate site before completing and signing this roster. (2) Parents and all participants should be an equal member of the team on the player's form. (3) Parents are subject to the USA Softball Drug Testing Procedures and Policies on government.com/usa-softball.com.</small>		<small>NOTE: Team accident insurance is available for purchase. See your club website for more information.</small>		<small>Division II Classification of Competitive Play www.usasoftball.com/competitive-play</small>		
<small>*By initialing in the columns below, you acknowledge you have read and understand the terms of this waiver and release of liability and agree to the terms of this waiver and release of liability.</small>		<small>NOTE: Team accident insurance is available for purchase. See your club website for more information.</small>		<small>It is made available for the voluntary purchase of team accident insurance.</small>		
NO.	PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	COMPLETE ADDRESS (Street, City, State, Zip)	E-MAIL ADDRESS (Optional)	INITIALS*
1	SMITH, SALLY	01/20/07		122 ANYWHERE, CITY, TX 77777		
2	WILSON, KARA	03/12/07		456 ANYWHERE, CITY, TX 77777		
3	JONES, KELLY	04/03/07		444 STREET, CITY, TX 77777		
4	WERNER, GIA	06/04/07		787 STREET, CITY, TX 77777		
PLAYER LEGAL NAME (MUST MATCH BIRTH CERTIFICATE)		PARENT SIGNATURE				PARENT INITIALS

LIABILITY FORM

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above mentioned team and after receiving USA Softball's Official Rules of Softball, and after being duly sworn, depose and say that all the information supplied above is correct to the best of my knowledge and that all the players signed the above in their handwriting and they are eligible to compete with my team in the Championship Play of USA Softball and agree to be bound by the rules of USA Softball as contained in the USA Softball Code and USA Softball's Official Rules of Softball.

JOHN DOE

Manager's Name (Print)

Manager's signature

2323 ANYSTREET

Manager's Address (Print)

City: CITY State: TX

Zip: 77777 Home Phone: _____

Office/Mobile Phone: (222) 222-2222

Email: JOHN@DOE.COM

USA SOFTBALL COMMISSIONER STATEMENT

ALL OF THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of USA Softball Local Association Commissioner/Designee

Date: _____ Mobile Phone: (409) 781-2883

District 31 / Texas Region 5

Signature of USA Softball Deputy/District Commissioner

FILL OUT LEFT SIDE ONLY

DO NOT FILL OUT THE RIGHT SIDE

BIRTH CERTIFICATE/PLAYER PHOTOS



PLAYER PHOTO ATTACHED TO COPY OF BIRTH CERTIFICATE

OR

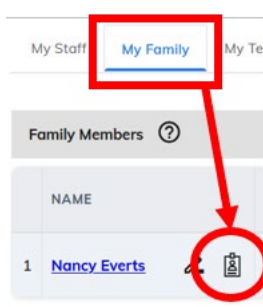


SALLY SMITH KARA WILSON

KELLY JONES GIA WERNER


PLAYER PHOTOS AND NAMES ON ONE PAGE

BACKGROUND CHECK / SAFE SPORT / ACE



My Family

📄



NANCY EVERTS
ID # 1185603745
Santa Fe, TX

COACH

COMPLIANCE STATUS

✓ ACE

✓ BG CHECK
Sep 10, 2026

✓ SAFE SPORT
Sep 17, 2026

From the USA Softball of Texas website,

- Dashboard
- My Family
- Click the badge icon beside your name
- Print out this screenshot
 - MUST have current expiration dates

ONE coach MUST have the ACE certification.

*The ACE/BKG Checks/SafeSport ID Badges can all be printed on one page – must be large enough to clearly read them **Please make sure screenshots are not blurry**