

MESA 2017 - Team Registration

PARTICIPANT'S FULL LEGAL NAME: _____

Date of Birth: _____ Age on Jan. 1, 2017: _____ Current Grade: _____

Health Conditions: _____

Biological Mother's Name: _____

Biological Father's Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Physical Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address (PRINT CLEARLY): _____

LIABILITY RELEASE & HOLD HARMLESS AGREEMENT/MEDICAL RELEASE

In consideration for MESA arranging for my child to participate in softball, I, the parent or legal guardian of the above applicant, give my permission for her to participate in all activities of Metro East Softball Association. On behalf of my child and myself, I assume all risks and hazards incidental to such participation, and hereby waive, release, absolve, indemnify, hold harmless and forever discharge Metro East Softball Association, its Directors, Officers, coaches, umpires, and representatives, and the City of Forney, of and from any and all claims, demands, rights, and causes of action arising out of personal injury to my child, resulting from or in any way connected with my child's participation in MESA activities, whether said injury occurs during a practice, a game, a MESA-sponsored camp, other scheduled activity, or while being transported to or from same. I further consent, authorize, and grant to MESA the right to photograph my child and use the photo and or other digital reproduction of her or other reproduction of her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet and I release, discharge, and agree to hold harmless MESA, its Directors and Officers, from any liability by virtue of any reason in connection with the making and use of such photographs, including blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy. I stipulate that this Liability Release & Hold Harmless Agreement is conspicuous and I read it. Additionally, I hereby grant permission to the adult coach of the team to obtain medical care from any licensed physician, hospital, or medical clinic for her at such time as either parent or legal guardian cannot be contacted in person or by telephone. I authorize MESA to release a copy of this document to the City of Forney and the Coach of my daughter's team.

SIGNED this _____ day of _____, 2017, by _____

PRINTED NAME: _____ Witnessed by: _____

Your signature must be witnessed by a MESA Board Member or notarized (see following page).

COACH'S NAME/TEAM NAME _____ AGE _____ U

To be completed by a MESA Representative:

Date paid: _____ Cash: _____ Check No. _____

4U 6U 8U 10U 12U 15U

Due to forged registration forms having been submitted in the past, the parent's signature on the MESA registration form must be signed in the presence of and witnessed by a MESA Board member OR you must sign the registration form in the presence of a Notary and have the Notary complete the Notary's Acknowledgement below:

State of Texas

County of _____

Before me, (Notary) _____, on this day personally appeared (parent) _____, known to me or proved to me by oath or documentation to be the person whose name is subscribed to the MESA 2017 -Team Registration form and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office the _____ day of _____, 2017.

Notary Public's Signature

Notary Seal