

MESA Registration Form

PARTICIPANT'S INFORMATION:

Full Legal Name: _____

Date of Birth _____ Age as of Jan 1, 20____ Current Grade _____

Biological Parents Names: _____

Address: _____

Best Contact Number _____ Email _____

Health Conditions: _____

TEAM INFORMATION (if applicable):

Team Name: _____ Head Coach Name: _____

LIABILITY RELEASE & HOLD HARMLESS AGREEMENT/MEDICAL RELEASE

In consideration for MESA arranging for the Participant I have identified above (hereafter referred to as "the Participant") to participate in softball, I, the parent or legal guardian of the Participant, give my permission for her to participate in all activities of Metro East Softball Association. On behalf of the Participant 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 the Participant, resulting from or in any way connected with the Participant's participation in MESA activities, whether said injury occurs during a practice or a game, other scheduled activity, or while being transported to or from same. I hereby grant permission to the adult coach of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the Participant at such time as either parent or legal guardian cannot be contacted in person or by telephone.

By my signature below, I stipulate and affirm the following: (1) I am the biological parent or court-ordered legal guardian of the Participant identified above (legal documentation required); (2) That this Liability Release & Hold Harmless Agreement is conspicuous and I have read it.

Additionally, I authorize MESA to provide a copy of this document to the City of Forney.

SIGNED this _____ day of _____, 20____.

PRINTED NAME: _____
Biological or adoptive parent or court-ordered legal guardian of the Participant (must be listed on BC or certified legal document required)

SIGNATURE: _____
Biological or adoptive parent or court-ordered legal guardian of the Participant (must be listed on BC or certified legal document require

NOTARY SIGNATURE _____ SEAL _____

SIGNED this _____ day of _____, 20____

Date Paid _____ Cash/Check Amount _____ Age group _____