MESA 2019 - DRAFT Registration

PARTICIPANT	"S FULL LEG	AL NAME:		
Date of Birth: _		Age on Jan. 1, 2019	9:	Current Grade:
Health Condition	ıs:			
Biological Mothe	er's Name:			
Biological Father	r's Name:			
Mailing Address	:			
City:			Zip Co	ode:
Physical Address	: <u> </u>			
City:			Zip Co	ode:
Home Phone:		Cell:		Work:
Email Address (I	PRINT CLEARI	LY):		
Metro East Soft incidental to such forever discharge representatives, of action arising child's participal MESA-sponsorous further consent, and or other compublication production production production production processing there is a blurring, distort otherwise, that processing there is a coach of the team such time as eith MESA to release SIGNED this	ch participation ch participation ge Metro East and the City of gout of persona ation in MESA ed camp, other authorize, and digital reproducesses, whether rge, and agree by reason in contion, alteration may occur or eof, as well as an of any right of ement is conspict to obtain mediate parent or legal a copy of this design and agree	n. On behalf of my chile, and hereby waive, re Softball Association, it Forney, of and from an I injury to my child, respectively, or grant to MESA the right of her or other electronic, print, digital to hold harmless MESA nuction with the make, optical illusion, or us be produced in the transpublication of them of publicity or privacy. Cuous and I read it. Addicate a guardian cannot be concurred to the City of Formal Coordinate of City of	ld and myself, clease, absolve, its Directors, Ony and all claim sulting from or dinjury occurs while being track to photograte reproduction lor electronic particles and use of a including with a stipulate that ditionally, I here did physician, hosportacted in personney and the Co.	I assume all risks and hazards indemnify, hold harmless and officers, coaches, umpires, and has, demands, rights, and causes in any way connected with my seduring a practice, a game, a ansported to or from same. In a ph my child and use the photo of her physical likeness for publishing via the Internet and and Officers, from any liability of such photographs, including the form, whether intentional or picture or in any subsequent thout limitation any claims for this Liability Release & Hold beby grant permission to the adult spital, or medical clinic for her at son or by telephone. I authorized oach of my daughter's team. The essed by: Intended to grant page in a sessed by:
To be completed	l by a MESA R	<mark>epresentative:</mark>		
Date paid:	Cash:	Check No.	4U 6	SU 8U 10U 12U

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 <u>OR</u> 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 Spring	2019 - Draft
Registration form and acknowledge	ed to me that he	/she executed the	same for the	purposes and
consideration therein expressed.				
Given under my hand and seal of offi	ce the	day of		, 2019.
	Notary Pub	lic's Sionature		

Notary Seal