MINERAL SPRINGS SOFTBALL ASSOCIATION
REGISTRATION FORM

Name of Child_____ Age_____

Address_____ Birth Date_____

City/Zip_____ Home Phone_____

Father's Name_____ Work Phone_____

Father's Email_____ Cell Phone_____

Mother's Name_____ Work Phone_____

Mother's Email_____ Cell Phone_____

The Player lives with: Both Parents___ Mother___ Father___ Other_____

Player's Shirt Size YS YM YL YXL AS AM AL AXL

Jersey # Desired Please list 3 with 1st, 2nd, 3rd choice _____

Team Name and Position Played_____

Did she play All-Stars Yes___ No___

Parental Participation Team Parent___ Scorekeeper___ Coach/Asst___

Parental Authorization:
I, parent or legal guardian of the above named candidate for a position in the above mentioned softball program, do hereby give approval for her participation in any and all league activities during the current season. I assume all risk and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the parent or local organization, the organizers, sponsors, participants, board members, coaches, and persons transporting the girl to and from activities from any claim arising out of injury to the girl, except to the extent and the amount covered by accident and liability insurance held by Mineral Springs Softball Association. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the girl become ill or injured when neither parent is available to grant authorization for emergency treatment.

_____ _____ _____
Signature of Parent or legal guardian Relationship Date

For League use only:

Registration fee paid $_____ Check Number_____ Date_____

Birth Certificate Yes_____ No____ Registered By_____