

Midland United Girls Softball
P.O. Box 10574 Midland, TX 79702
www.midlandfastpitch.com
MUGS Fall Competitive League 2021

Team Name: _____	Phone: _____
Coaches Name: _____	City: _____ Zip: _____
Age Division: _____	Grade: _____
Player Name: _____	

-----Parent or Guardian Information:-----

Father: _____	Mother: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
email: _____	email: _____
Emergency Contact: _____	Phone: _____

If you wish a family doctor contacted in case of an emergency, list the doctor's name and phone number. If no doctor is listed your child will be taken to the emergency room at Midland Memorial Hospital for treatment. Your signature below allows a MUGS Board Member, or your daughter's Coach, permission to have your child treated if needed.

Doctor's Name: _____	Phone: _____
Parent Signature: _____	Date: _____

I hereby consent for the above girl to participate in the **MIDLAND UNITED GIRLS SOFTBALL ASSOCIATION (MUGS)** program. I understand that for my daughter to play, I must furnish a copy of proof of age. I also release MUGS and the City of Midland in the event of injury to said participant. **I also acknowledge that all check payments to MUGS will be processed through CHECKS and are subject to the maximum fee allowed by law, in addition to any fees charged by my bank, should the check be insufficient.**

Parent or Guardian Signature: _____

Cost \$60.00	Check # _____
	Amount \$ _____
	Cash \$ _____

Parent Waiver, Release of Liability and Indemnification Agreement Roster

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate as a member of the softball team and league indicated. I understand that there are certain risks of damage and injuries, including death, inherent in the practice and play of softball, as well as in traveling in other related activities incidental to my child's participation and I am willing to assume these risks on behalf of my child. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. I understand that sliding into base is dangerous to my child and to other players and may result in serious injury or death.

I understand that the very nature of the game of softball is hazardous and risky, including but not limited to the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and other players. Further, I agree that in consideration for the right to allow my child to participate as a member of the team designated below and in consideration for permission to play on the fields arranged by the team or league:

- 1) On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child
 - a) While practicing or playing as a member of the team so designated,
 - b) While serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my child's team,
 - c) While on or upon the premises of any and all of the fields arranged for by my child's team or league for practice or play.

- 2) In addition to giving my full consent for my child's participation, I do hereby release, discharge and agree not to sue the team and league designated below, the owner or operator of any field or other entity designated below, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for claim, damages, costs including attorneys fees, or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict participation in these activities, except as made known to coaches and officials of the team and league. I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or part by any of the persons or entities hereby released.

I also give permission to the ASA and its local associations to use any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so verify that I have read this statement and that the information supplied on this roster is correct to the best of my knowledge.

I also understand the MUGS (Midland United Girls Softball) may reschedule or cancel games and events due to circumstances such as, but not limited to, weather and field conditions.

Player & Parent Code of Conduct

As a player in the MUGS program, I agree to abide by all of the following while with my team at practices, games, and any other team function.

- * To attend all scheduled practices, unless excused.
- * To attend all games or contact my coach when I cannot attend.
- * To follow all dugout rules
- * To respect team leaders (coaches, managers, chaperons, umpires)
- * To respect and support my team members
- * To use no foul or abusive language.
- * To display GOOD and NOT BAD sportsmanship
- * To control my temper at all times.
- * To exercise a positive attitude and good sportsmanship for the betterment of my team.

PLAYER'S/PARENT AGREEMENT DISCIPLINARY ACTION TO PLAYER

Violations of ANY of the aforementioned rules will be documented and handled through the Division Coordinator, Player Representative, and Team Coach.

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| First Offense | - Verbal Notice and Benched |
| Second Offense | - Player Representative will Notify Parent/Guardian |
| Third Offense | - Game Suspension/Retroactive |

IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM

Name of Player : _____

Signature of Parent/Guardian : _____