

**Midland United Girls Softball**  
**P.O. Box 10574 Midland, TX 79702**  
**www.midlandfastpitch.com**  
**SPRING SEASON 2015**

Player's Name: _____	Home Phone: _____
Address: _____	City: _____ Zip: _____
Date of Birth: _____	Age as of 1/1/2015: _____
Current School: _____	Grade: _____

-----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:** \_\_\_\_\_

PLAYER'S SHIRT SIZE: YS YM YL AS AM AL AXL AXXL AXXXL

FOR MUGS USE ONLY	
Division: High School League	Check # _____
Birth Certificate is on Record: Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount \$ _____
Cost: \$60 per Player	Cash \$ _____
Date: _____	BOD Member: _____
*****	
ASA REGISTRATION # _____	Date: _____

## 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 by 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 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

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.

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

**I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM**

**Name of Player :** \_\_\_\_\_

**Signature of Parent/Guardian :** \_\_\_\_\_