## **MESA 2018 - Team Registration**

PARTICIPANT'S FULL	LEGAL NAME:	
Date of Birth:	Age on Jan. 1, 2018:	Current Grade:
		Zip Code:
		Work:
Email Address (PRINT CLI	EARLY):	
of action arising out of per child's participation in M MESA-sponsored camp, of further consent, authorize and or other digital rep publication processes, who I release, discharge, and a by virtue of any reason is blurring, distortion, alter- otherwise, that may occu- processing thereof, as wel- libel or violation of any ri- Harmless Agreement is co- coach of the team to obtain such time as either parent of MESA to release a copy of	rsonal injury to my child, resulting IESA activities, whether said injury to mether said injury to mether scheduled activity, or while, and grant to MESA the right to production of her or other regether electronic, print, digital or gree to hold harmless MESA, its in connection with the making ation, optical illusion, or use in ar or be produced in the taking at any publication of them, included in the taking at any publication of them, included in the taking at any publication of them, included in the taking at any publication of them, included in the taking and the publication of them, included in the taking and the publication of them, included in the taking and the publication of them, included in the taking and the publication of them, included in the taking and the publication of them, included in the taking and the publication of them, included in the taking and the publication of them, included in the taking and the publication of them.	nd all claims, demands, rights, and cause ing from or in any way connected with migury occurs during a practice, a game, le being transported to or from same. To photograph my child and use the photograph with a composite form, whether intentional or got said picture or in any subsequent cluding without limitation any claims for pulate that this Liability Release & Holmally, I hereby grant permission to the adulty sician, hospital, or medical clinic for her acted in person or by telephone. I authorizely and the Coach of my daughter's team.
PRINTED NAME:		Witnessed by:Member or notarized (see following page).
Your signature must	be witnessed by a MESA Board N	Member or notarized (see following page).
COACH'S NAME/TEAM	NAME	AGE
To be completed by a ME	SA Ranresentative	
Date paid: Cash: _	Check No.	4U 6U 8U 10U 12U 15U

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 OR 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 person	ally
appeared (parent)	, known to me or proved to me by	oath
or documentation to be the person whose name is su	ubscribed to the MESA 2018 -Team Registration f	orm
and acknowledged to me that he/she executed the expressed.	he same for the purposes and consideration the	rein
Given under my hand and seal of office the	day of, 201	8.
Notary	Public's Signature	

Notary Seal