

PLAYER INFORMATION

First Name: _____ Last Name: _____
 DOB: ____/____/____
 Does the player play on a Travel Team? _____ What team? _____
 Has she ever played softball before? _____ If yes, where? _____

AGE GROUP (Determined by the age of the child as of 1/1/2012)

T-Ball _____ 8U _____ 10U _____ 12U _____ 16 U _____ (Fees: T-Ball- \$85.00 8U & Up- \$145.00)

UNIFORM SIZE (Y= Youth; A= Adult)

*****Small runs very small*****

SHIRT: YS YM YL AS AM AL AXL A2XL A3XL **SHORT:** YS YM YL AS AM AL AXL A2XL A3XL

PARENT/GUARDIAN INFORMATION

Parent Name (1): _____ Parent Name (2): _____
 Parent Employer (1): _____ Parent Employer (2): _____
 Parent Work Phone (1): _____ Parent Work Phone (2): _____
 Parent Cell Phone (1): _____ Parent Cell Phone (2): _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email address: _____

EMERGENCY INFORMATION

Name: _____ Contact Number: _____
 Please list ANY MEDICAL CONDITIONS/ALLERGIES:

VOLUNTEER INTEREST

Would you be interested in assisting with the End of Season Party? _____
 Volunteer Interests: (please circle) Head Coach Assistant Coach Team Parent Fundraising/Sponsorship
 Field Maintenance Score Keeper Other: _____

WAIVER:

We will furnish a certified birth certificate for our daughter(s) when needed. We give our permission for our daughter to play regular games, practice and participate in the recreation tournament with the team and agree to pay the fees.
 We the parent(s) or guardian(s) of the above child, hereby give our approval for their participation in any and all activities. We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and we do hereby waive, release, indemnify, and agree to hold harmless the Matthews Softball Association (MSA), the organizers, sponsors, supervisors, coaches, participants and persons transporting our child to or from the activities from any claim arising from an injury to our child.
 When a child participates in a MSA activity, a picture(s) may be taken in which her image appears in an identifiable form. I give my permission for this image to be used on the MSA web site (www. matthewsoftball.org) or in other MSA printed material. I reserve the right to ask that this image(s) be removed at a later time if I require it. We have read and understand the above and the code of ethics (provided) and agree by signing below.

PARENT/GUARDIAN SIGNATURE: _____

THERE WILL BE \$25 LATE SIGN UP FEE FOR ANY REGISTRATION AND/OR PAYMENT RECEIVED AFTER ASSESSMENT DAY
 Amount Paid: \$ _____ Paid By: Cash/Check/Credit Card Received By: _____