

MARS AREA GIRLS SOFTBALL - PLAYER REGISTRATION

**** PLEASE PRINT ****

I am registering to play _____ Instructional _____ Junior _____ Senior
in the following division*:

**Based on players age by January 1 of the current season. Instructional ages 5-8; Junior ages 9-12; Senior ages 13-18.*

FULL NAME: _____ PHONE: _____

ADDRESS: _____
(Street) (City) (Zip)

BIRTHDATE: _____ AGE (as of January 1) _____ Sister in same division? YES / NO
SISTER'S NAME: _____

SCHOOL: _____ GRADE: _____

DID YOU PLAY LAST SEASON? _____ TEAM _____ DIVISION: _____

FATHER'S NAME: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PLAYER'S EMAIL ADDRESS: _____

PARENT'S EMAIL ADDRESS: _____ MOTHER FATHER (circle one)

HEALTH PROBLEMS: _____ ALLERGIES: _____

HEALTH INSURANCE CO: _____ POLICY NO.: _____

PLAYER SHIRT SIZE: **YOUTH** Small (6-8) Medium (10-12) Large (14-16)
(PLEASE CIRCLE SIZE) **ADULT** Small Medium Large X-Large

PLAYER INTERESTED IN SUMMER TOURNAMENTS (weekends in July & August) **YES NO**

===== PARENTAL MEDICAL AUTHORIZATION

I, parent or guardian of the above named candidate for a position on a team, hereby give approval to her participation any league activities during the current season.

I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, absolve, indemnify and agree to hold harmless the local league association, the organizers, sponsors, supervisors, participants for any claim arising out of an injury to the participant, except to the extent and in the amount covered by accidental and/or liability insurance held by the Association.

I also grant permission to managing personnel or other association representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should participant become ill or injured while participation in league activities away from home; or at other times when neither parent is available to grant permission for emergency treatment.

Parent or Guardian Signature: _____

===== I am interested in volunteering to help (list capacity) _____

Any suggestions? _____

LEAGUE USE
Playing Age: _____ Fee: _____ Check # _____
Birth Certificate Furnished: YES NO AWARD TICKET # _____

Drafted to Team: _____