

**MARS AREA GIRLS SOFTBALL - PLAYER REGISTRATION**

**CO-ED BALL 15-18**

\*\*\*\* 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:	<b>YOUTH</b>	Small (6-8)	Medium (10-12)	Large (14-16)
(PLEASE CIRCLE SIZE)	<b>ADULT</b>	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: \_\_\_\_\_