

Mitchell Girls Fast Pitch Association Registration Form

Child's Name: _____

Age as of December 31, 2010 : _____ Date of Birth: _____

School Attending _____ Grade Completed: _____

Parent(s) Names: _____

Street Address: _____

City: _____ State _____ Zip _____

HM Phone: _____ Parent Cell: _____ Player Cell: _____

Parent E-Mail Address: _____

Player E-Mail Address: _____

Mark the situation which applies to you and complete the requested information:

I am a Free Agent (Looking For a Team): _____ Team Requesting: _____

**Requesting a team does not guarantee placement on that team.

I am already on a Team: _____ Team Name: _____



FOR OFFICE USE ONLY:

2011 TEAM : _____ Age Division: _____

PAID (check One): Cash _____ Check _____ Check #: _____

PARENT/PLAYER WAIVER FORM

WE UNDERSTAND THIS IS A VOLUNTEER COACH BASED ORGANIZATION AND TEAM PLACEMENT AT ANY LEVEL IS NOT GUARANTEED.

I confirm that as the LEGAL GUARDIAN OR PARENT(S) of _____ understand that the said player may be injured while practicing or playing softball. I agree to release the Mitchell Girls Fast Pitch Association, the coaching staff, umpires, or any volunteer personal associated with this organization, the designated team, the City of Mitchell, and the Mitchell Parks and Recreation Department from any responsibility of any injuries obtained by my child.

The Mitchell Park and Recreation Department neither endorses nor sponsors this organization or activity represented in this document. The distribution of this material is provided as a community service. This organization is permitted access to Mitchell Cadwell Complex and or city parks and playing fields.

Signature of Parent (required) _____ Date: _____