

Martin Girls Softball League Player Registration Form -- 2009 Season

Player Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell/Work Phone _____

Age as of January 1, 2009 _____ Date of Birth _____

On which team did you play last year? _____

Which position(s) did have you played in the past? _____

Player T-shirt size (please circle): YS YM YL AS AM AL AXL

*Please check: Do you want to sign up for the Travel Team _____ (will have to try out)

Do you want to be a head coach _____ assistant coach _____ dugout helper _____

Medical Insurance Information

Name of Parent or Legal Guardian _____

Employer Name _____

Insurance Company _____

Policy Number/Group Number _____

In case of emergency, please notify:

name: _____ relationship: _____

phone: _____ other phone: _____

I, as parent or legal guardian, have read/will read the Permission, Assumption, and Release Statements (separate sheets), the Parent Code of Ethics and the Player's Code of Ethics. I understand and agree to the statements, conditions and guidelines contained herein. In full acknowledgement and agreement with the aforementioned clauses, I grant my permission for my child to participate in the activities and events of the Martin Girls Softball League.

Signed

Dated

Deadline for registration and \$40.00 fee is March 6, 2009

MGSL / PO BOX 721 / Martin, TN 38237

\$40.00 one child, \$35.00 for 2nd child, \$30.00 for 3rd child, \$25.00 for 4th child, etc.