

Munster Girls Softball Registration Form

Last Name	First Name	Birthdate	Age as of 1/1/2010
Street Address	City	State	Zip Code
Home Phone	Primary E-Mail Address		
Parents' First Names	Secondary E-Mail Address		
Grade Next Fall	School Attending Next Fall	Did you register for MGS in 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No Team?	

In-Town Divisions			Travel Players Only
<input type="checkbox"/> Instructional B	Age 5.5 – 6	Grade K-1	<i>(Travel player may elect to play in both, In-Town League and Travel Team, subject to rules in the Rule Book.)</i>
<input type="checkbox"/> Instructional A	Age 7 – 8	Grade 2-3	
<input type="checkbox"/> Junior Miss	T / D Age 9 – 10	Grade 4-5	<input type="checkbox"/> 10U
<input type="checkbox"/> Minors	T / D Age 11 – 12	Grade 6-7	<input type="checkbox"/> 12U
<input type="checkbox"/> Majors	Age 13 - 17	Grade 8-12	<input type="checkbox"/> 14U <input type="checkbox"/> 16U
Was this girl a regular pitcher during the 2009 season, or did she receive instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was she a regular catcher during the 2009 season, or receive instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you rostered on a Travel Team last year or this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Your Shirt Size	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL
Your Shorts Size	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL

Managers & Coaches	
<i>Please consider being a team manager. Managers must be at least 21, be a resident of Munster or have a child in the program. To be considered for a manager position, please indicate below and fill out the separate manager application form. Otherwise, please indicate if you are willing to help coach the team.</i>	
Parent wishes to: <input type="checkbox"/> Manage <input type="checkbox"/> Coach	In the following division: <input type="checkbox"/> Instructional B <input type="checkbox"/> Instructional A <input type="checkbox"/> Junior Miss <input type="checkbox"/> Minors <input type="checkbox"/> Majors
Name of Potential Manager/Coach:	Phone Number:

Munster Girls Softball has the ability to alert you via a text message sent to your cell phone in the event of a game or practice cancellation or another urgent situation. To receive these alerts, please provide your cellular telephone information below. Please note that your service provider may charge you a nominal fee for each text message if you do not have a messaging plan.	
Cell Phone #1:	Cell Phone #2:
Cell Phone #1 Carrier: <input type="checkbox"/> Verizon <input type="checkbox"/> AT&T <input type="checkbox"/> T-Mobile <input type="checkbox"/> Sprint <input type="checkbox"/> US Cellular <input type="checkbox"/> Nextel <input type="checkbox"/> Other: _____	Cell Phone #2 Carrier: <input type="checkbox"/> Verizon <input type="checkbox"/> AT&T <input type="checkbox"/> T-Mobile <input type="checkbox"/> Sprint <input type="checkbox"/> US Cellular <input type="checkbox"/> Nextel <input type="checkbox"/> Other: _____

Move-Up Permission Form

All eight year old Instructional A Division players, all Junior Miss Division Players, and all Minor Division players are offered the opportunity to play games at the next older division bracket when teams in these upper divisions are short handed. A player may move up for one game at a time. Players may not move up if they have a regularly scheduled game in their division which might conflict.

If you wish your daughter to be eligible to compete in the next older division on a one game basis, please sign this permission form.

I have read the above statement.

My daughter, _____, has my permission to move up to the next older division as called upon. (player's name)

PARENT'S SIGNATURE: _____ DATE: _____

LIABILITY/WAIVER FORM: By signing below, I hereby release, waive, discharge, and covenant not to sue Munster Girls Softball, its owners, officers, coaches, umpires, representatives, tournament directors, employees, operators, promoters, officials, sponsors, advertisers, other sports participants, and any and all other persons in or upon a playing field or spectator area at Munster Parks Department Fields or affiliated fields/away game fields (all of whom for the purposes herein are referred to as "the Releasees"). In addition, I release the Releasees from all liability to me, my personal representatives, family, assigns, heirs, and next of kin for any and all damages, and any claims thereof, based upon participating in, viewing, or attending any event at Munster Girls Softball. I also agree to indemnify and save and hold harmless the Releasees for any loss, liability, damage, or cost they or I may incur due to their or my negligence or as the result of any other action by them or I in, around, or upon the playing areas and/or while they and/or I am competing, participating in, officiating in, observing, working for, or in any other way associated with an event at Munster Girls Softball. I also assume full responsibility for, and risk of, bodily injury, death, or property damage due to the negligence of the Releasees while I am competing, participating in, officiating/umpiring in, observing, working for, or in any other way associated with an event at Munster Girls Softball, sponsored by Munster Girls Softball, or contracted by Munster Girls Softball. I expressly acknowledge and agree that the activities at a sports event, and in and around the sports playing areas, are dangerous and involve a high risk of serious injury and/or death and/or property damage. I further expressly agree that this Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Indiana, and that if any portion thereof is held invalid, I agree that the balance of this document shall, notwithstanding, continue in full legal force and effect. I expressly consent to, and will permit, emergency medical treatment if required in the sole judgment of an EM technician, and I also give permission to Munster Girls Softball use my name and/or photograph for promotion or advertising purposes

Parent Signature

Date

BOARD MEMBER USE ONLY – DO NOT FILL IN BELOW!

Check:	Player	Sister	Sister
Registration	105	55	20
Concession Stand Fee	20	0	0
Out of Town Fee (15)			
Clinic (15)			
Apparel			
Total			

