



## Medina Girls Softball Association

P.O. Box 1513 • Medina, OH 44258

<http://www.medinafastpitch.com>

### 2024-2025 Heat Travel Team Player Application

Player Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Positions Played: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please explain any physical limitations and/or ailments of which the player may have and/or medication needs that we should be aware of: \_\_\_\_\_

Please list any other sports / teams the player plays for:

Medical Release: Recognizing the possibility of physical injury associated with fastpitch softball, and in order for the Medina Girls Softball Association, Inc. (MGSA) and the Amateur Softball Association (ASA) to accept the registrant for its softball programs and activities, I hereby release, discharge, and/or otherwise indemnify the MGSA and its Board of Directors, and the ASA, its affiliated organizations and sponsors, their employees, participants, and persons providing transportation to and from activities, and any associated personnel, including the owners of the fields and facilities utilized by MGSA against any claim by or on behalf of the registrant as a result or the registrants participation in the MGSA. I understand that by submitting an application to the MGSA, it does not in any way guarantee a position on the team. I also understand that I must participate in the tryout before being considered for the team.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_