

**Medina City Sports Activity Permit No. \_\_\_\_\_**  
*You must obtain a Permit No. if you do not live in Medina City or Medina Township.*  
**WE CANNOT ACCEPT YOUR REGISTRATION IF THIS FEE IS REQUIRED AND NOT PAID**

# FALL



## Medina Girls Softball Association

P.O. Box 1513 • Medina, Ohio 44258 • Voice Mail 330-722-4049 • www.medinafastpitch.com

### 2010 RECREATION LEAGUE PLAYER REGISTRATION

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Coach Requested (Leave Blank if None): \_\_\_\_\_

New To MGSA  Returning Player

**UNIFORM SHIRT SIZE:**  Youth Small (6–8),  Youth Med. (10–12),  Youth Large (14–16)

Adult Small (34–36),  Adult Med. (38–40),  Adult Large (42–44),  Adult X-Large (46–48)

*If you order a t-shirt that does not fit, a replacement t-shirt will be provided for a charge of \$20.*

*To avoid the extra charge, please make sure you choose the correct size the first time.*

**FEES:** Please check the appropriate division. Make checks payable to **Medina Girls Softball Association.**

**SCHOLARSHIPS ARE AVAILABLE FOR FAMILIES IN NEED.**

			1 Player	2 or More Players, Each*
<input type="checkbox"/> Div. 2	Ages 10 and under	Can't be 11 before 8/1/10	\$50	\$45
<input type="checkbox"/> Div. 3	Ages 13 and under	Can't be 14 before 8/1/10	\$50	\$45
<input type="checkbox"/> Div. 4	Ages 18 and under	Can't be 19 before 8/1/10	\$50	\$45

\*NOTE: Discount \$10.00 for each child for multiple registrations in a family.

*A copy of your daughter's birth certificate must accompany this registration unless it had been previously submitted to this Association.*

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

**CONDUCT AGREEMENT:** As the parent or guardian of the registered youth, I agree and understand that my family and our guests are spectators and will support all players, coaches, and umpires. I also agree and understand that the umpire's decision is final and binding. I understand physical or verbal abuse and/or profanity of any kind will not be tolerated by any spectator, player, coach, or the league. Appropriate action may be taken by the umpire, coach, or a board member up to, and including, forfeiture of the game or expulsion of the offending person(s).

**MEDICAL RELEASE:** Recognizing the possibility of physical injury associated with fastpitch softball, and in order for the Medina Girls Softball Association, Inc. and the ASA (Amateur Softball Association) to accept the registrant for its softball programs and activities, I hereby release, discharge, and/or otherwise indemnify the Medina Girls Softball Association, Inc. 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 the MGSA, Inc. against any claim by or on behalf of the registrant as a result of the registrant's participation in the Medina Girls Softball Association, Inc.

**SIGNATURE OF PARENT or GUARDIAN:** *(Both parents' or guardians' signatures if possible.)*

YOUR SIGNATURE INDICATES YOU HAVE READ AND UNDERSTAND BOTH THE CONDUCT AGREEMENT AND MEDICAL RELEASE AND WANT YOUR CHILD TO PARTICIPATE IN OUR LEAGUE FOR THE 2010 SEASON.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE FOR REGISTRATION IS AUGUST 16, 2010**