



MGSA 2020 Player Registration

Player Name: _____ School Currently Attending: _____

Parent/Guardian Name: _____

Address: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____

Address: _____

Cell Phone: _____ Email: _____

LEAGUE INFORMATION:

Birthdate: _____ Age as of 1/1/20: _____

Grade in School (2019-2020 school year): _____

of years playing Softball: _____

Please circle if you are interested in either: PITCHING CATCHING

Pitching Experience: Y / N # of Years _____ Catching Experience: Y/N

COST: \$75 for player, \$55 for second child, \$30 each additional child

EARLY BIRD through Mar 1: \$65 for player, \$45 for second child \$30 each additional child

-Please make checks payable to **MGSA-Softball**

UNIFORM: (circle shirt size): YS(6-8) YM(10-12) YL(14-16) AS AM AL

Please note this season **parents will need to provide BLACK shorts for each player-school approved length

REGISTRATION: If you are unable to attend a registration date please send completed form and payment to:

Morton Girls Softball Association

P.O. Box 67

Morton, IL 61550

INFORMATION/REQUESTS: (ie. allergies, siblings, co-coaching. Please note requests will be reviewed but not guaranteed)

MODEL RELEASE WAIVER

I, the parent or Guardian, give permission for my daughter’s picture and/or information to be published on the website and/or social media outlets managed by the Morton Girls Softball Association (MGSA)

******Please circle one: Agree Disagree**

RELEASE AND WAIVER

In consideration for allowing me to participate, which I agree is at my own risk and entirely of my own free will, I hereby, for myself and on behalf of my heirs, executors, administrators and assignees, waive, release and discharge Morton Girls Softball Association (“Association”), Morton Unit School District 709, and Morton Park District, and their collective employees, agents, officers, directors, board members, insurers, affiliates, sponsors, attorneys and coaches (“Releasees”), for any and all loss, injury, or other damage sustained in any Association activities, whether or not due to, arising from or contributed to by any physical impairment or defect I may have, whether latent or patent, and agree that the Releasees are under no obligation to provide a physical examination or other evidence of fitness to participate, which is my sole responsibility. I affirmatively state that I have no knowledge of any physical condition, impairment or defect which would prohibit my full participation in softball activities and/or related activities. I, the parent or guardian of the applicant, understand that Morton Girls Softball Association (MGSA) provides insurance for injuries only when the ball player has no other insurance available.

EMERGENCY AUTHORIZATION RELEASE

By signing below, I authorize MGSA to take emergency action due to injury in the event my daughter requires such action and I am not present at the time. In case of an accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

CODE OF CONDUCT

The purpose of MGSA is to provide a safe, organized and enjoyable environment while also teaching the girls the fundamentals of softball. Good sportsmanship is essential to our youth programs. In our continuing effort to encourage a positive support atmosphere for our athletes, Morton Girls Softball Association has a “Zero Tolerance Policy”. The purpose of this policy is not only the promotion of good sportsmanship, but also to encourage positive and effective communication between our board, our athletes, our parents, umpires and our coaches.

Therefore, any person that demonstrates behavior that is detrimental to our program can be removed from any program activities. Detrimental behavior includes the verbal abuse of **any** MGSA player, coach, spectator, umpire, employee, or Board Member. All participants in our program will be held to this standard. While one of the primary goals of MGSA is the promotion of good sportsmanship, it should be understood that poor sportsmanship will not be tolerated under any circumstance. Removal from the program will result in the forfeiture of player’s fees.

BY SIGNING BELOW I AM AGREEING TO THE ABOVE RELEASE & WAIVERS (unless otherwise stated):

Parent Signature: _____ Date: _____

MGSA USE ONLY:

MGSA Rep Initials _____	1 st Player Registration	\$ _____
	Additional household players	\$ _____
	Extra Purchases- (Socks-\$5.00, Shorts-\$10.00)	\$ _____

Cash or Check Number _____ TOTAL AMOUNT PAID \$ _____