

Midlothian Girls Softball Association Player Registration/ Release Form
P.O. Box 1338 Midlothian, Texas 76065

Player

Last Name _____ First Name _____ Init _____

Address _____ City _____

State _____ Zip Code _____ Phone # _____ 2nd Phone # _____

We the Parents/Legal Guardians of the registrant agree that we and the registrant will abide by the rules of MGSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration for the MGSA accepting the registrant for its softball program and activities. I herby release ,discharge and otherwise indemnify the MGSA, its affiliated organizations and sponsors, their sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I herby authorize.

Print Name _____ (parent/legal guardian)

Signature _____ Date _____

Consent for Medical Treatment (Minor)

As the Parent or Legal Guardian of the above named Player, I herby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant

Signature _____ (parent/legal guardian) Date _____

Allergies _____

Medical Information/
Prohibition

Parents Information (Please Print Clearly)

Father _____ Email _____ Phone _____

Mother _____ Email _____ Phone _____

Emergency Contact _____ Phone _____

Doctor to notify in case of emergency _____ Phone _____

Player Qualifications

D.O.B. _____ Height _____ Weight _____ Shirt Size _____ Short Size _____

Grade @ School _____ Last Season Played _____ Last Coach _____ Position _____

Lives Inside/Outside city limits _____ Return to same Team _____ Division to be played _____

BELOW IS FOR MGSA USE ONLY

Player Fee\$ _____ Cash _____ Check # _____ Pay Pal _____ Received by _____ Date _____

TEAM PLACED ON _____ COACH _____ DIVISION _____