

**2012 MONTICELLO GIRLS SOFTBALL ASSOCIATION  
REGISTRATION FORM**

**REGISTRATION JAN 17 – MARCH 2, 201**

DROP OFF @ FARM BUREAU INSURANCE  
656 BARKADA ROAD  
OR MAIL TO  
202 KATIE LANE, MONTICELLO, AR 71655

**\*\*NEW PLAYERS MUST ATTACH A COPY OF BIRTH CERTIFICATE\*\***

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**DRAFT WILL BE SUNDAY, MARCH 4**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SHIRT SIZE: YS YM YL AS AM AL AXL AXXL  
PARENTS: \_\_\_\_\_  
EMERGENCY CONTACT & PHONE: \_\_\_\_\_  
\_\_\_\_\_

I/WE THE PARENTS OF \_\_\_\_\_ HEREBY GIVE APPROVAL TO PARTICIPATE  
IN ALL MGSA ACTIVITES INCLUDING TRANSPORTATION TO AND FROM ALL ACTIVITES. I/WE  
KNOW THAT PARTICIPATION IN SOFTBALL MAY RESULT IN INJURIES AND WE DO HEREBY  
WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS MGSA, ITS BOARD,  
SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD TO  
AND FROM, ANY CLAIM ARISING OUT OF ANY INJURY TO MY/OUR CHILD WHETHER THE  
RESULT OF NEGLIGENCE OR ANY OTHER CAUSE EXCEPT TO THE EXTENT COVERED BY  
LEAGUE LIABILITY INSURANCE FOR SAID ACCIDENT. I/WE ACKNOWLEDGE THAT MGSA IS A  
VOLUNTEER ORGANIZATION AND AGREE TO HELP SAID ORGANIZATION WHEN CALLED  
UPON AND ALSO AGREE TO PROMOTE GOOD SPORTSMANSHIP AND FAIR PLAY TOWARDS  
ALL PARTICIPANTS.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

T-BALL \$30  
1 CHILD \$55  
2 CHILDREN \$ 100  
3 CHILDREN \$ 145

MGSA USE ONLY: TB 8U 10U 12U 14U 18U  
CASH  
CHECK # \_\_\_\_\_ \$ \_\_\_\_\_

**\*\* ALL TEAMS WILL BE REDRAFTED \*\***