

**Kasson-Mantorville 10U, 12U, 14U, 16U, and 18U Traveling
2010 Girls' Fast Pitch Fall Softball League
Participants age on or before Dec. 31, 2010
Player Registration Form**

Please make check payable to: KMGSA

Please return this form with your payment to:

Fall League Tryouts:
Tryouts will be determined based on
number and ages of the registered players.

KMGSA
PO Box 92
Kasson, MN 55944

Deadline for Registration is Friday, July 30th

Cost \$40.00

Player Name: _____ Cell #: _____ E-mail: _____

Parent Name: _____ Cell #: _____ E-mail: _____

Parent Name: _____ Cell #: _____ E-mail: _____

Home Address: _____ Home Phone: _____

Player Birth Date: ____/____/____ Player's age as of 12/31/2010 _____

All games will be played in the Metro area

Game Times:	12:00, 1:30, 3:00, or 4:30
League Games:	August 22, 29 and September 12 th (play two games each league date)
State Qualifier weekend	September 18 th or 19 th
State Tournament	September 25 th and 26 th

*Parent/Guardian **PLEASE READ** the following and **SIGN BELOW**. I, the parent/guardian of the player named above, hereby grant permission, in case of injury, for our daughter to be given emergency first aid, at any one of the nearby hospitals or medical clinics. I further approve of our daughter's participation in this KMGSA activity, assume all responsibility or liability involved and agree to hold free from any and all liability the Kasson Park and Recreation Department, City of Mantorville, Kasson-Mantorville School District, and the Kasson-Mantorville Girls Softball Association, it's officers, directors, supervisors, managers, coaches, coordinators, volunteers, or representatives.*

ADULT SIGNATURE: _____ **EMERGENCY PHONE NO:** _____

(Admin Use)

Check #: _____ Sequence: _____ Date: _____ Amount: _____

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