

Kasson-Mantorville 14U Dome Ball Player Registration Form for 2010

**** Participants must be 14 years of age or younger on Dec. 31, 2010**

Detailed information and coaches applications are available at www.kmssoftball.org

Make \$165 check payable to: KMGSA

Return this form with your payment to:

Softball Tryouts:

Tryout necessity to be determined based on number of participants.

KMGSA

PO Box 92

Kasson, MN 55944

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

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

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

Home Address: _____ Home Phone: _____

Player Grade in 10/11: _____

Player Birth Date: ____/____/____

(Born on or after: Jan. 1, 1996)

NOTE: All 14U players must have a uniform. If the player does not already have a uniform, they are ordered separately using the Uniform Order Form for 2010. See the web site for this form.

**** Dome Ball League Play is non-sanctioned. Players are encouraged to fall within the 14U age criteria, but exceptions will be allowed at the discretion of the KMGSA board and the League Director.**

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:** _____

- ❖ Player Medical History and Release Form must be submitted with each registration.
- ❖ Apparel order forms should be completed and paid for separately.

(Admin Use)

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

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