

Kasson-Mantorville 10U League Team
2011 Fast Pitch Softball Team
Participants must have been 10 years of age or younger on Dec. 31, 2010

Player Registration Form

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

Please make check payable to: KMGSA

Please return this form with your payment to:

Softball Tryouts:

March 11th – 6:00 to 9:00pm
and
March 13th – 1:00 to 4:00pm
KM High School North Gym

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: ____/____/_____

Skill Level (circle one)? Beginner Intermediate Advanced

If player is not selected for a tournament team, all cost will be refunded.

Are you a pitcher (circle one)? Yes No Are you a catcher (circle one)? Yes No

T-Shirt (circle one): Youth Adult T-Shirt Size (circle one): S M L XL XXL

Fee: \$45

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.
- ❖ Must be playing in the 10U traveling league

(Admin Use)

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

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