

Mside Lady Bulldogs  
1200 Jancey St

8U 5-8  
10U 8-10  
12U 10-12

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**MORNINGSIDE LADY BULLDOGS SOFTBALL REGISTRATION 2016**

15206

(Please Print Clearly)

Family Last Name: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Player(s)**

1. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_ (Child S/M/L or Adult S/M/L/XL)

Jersey#: Choice #1: \_\_\_\_\_ Choice#2: \_\_\_\_\_ Choice#3: \_\_\_\_\_

Medical Issues/ Allergies/Medications: \_\_\_\_\_

**INTRESTED IN FAST PITCH? YES NO**

2. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_ (Child S/M/L or Adult S/M/L/XL)

Jersey#: Choice #1: \_\_\_\_\_ Choice#2: \_\_\_\_\_ Choice#3: \_\_\_\_\_

Medical Issues/ Allergies/Medications: \_\_\_\_\_

**INTRESTED IN FAST PITCH? YES NO**

**Registration Fee**

Softball All Levels: **\$130.00** payable today.

Parent/Guardian Signature \_\_\_\_\_

**Official Use**

Paid in full on \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

**MORNINGSIDE LADY BULLDOGS SOFTBALL REGISTRATION 2016**

Medical Release Form

I, the parent/legal guardian of \_\_\_\_\_ (birthdate) \_\_\_\_\_  
a player on a Morningside Lady Bulldogs Softball team give my approval to the child's participation in  
any and all team and league activities during the next (12) months.

I assume all risks and hazards incidental to such activities; and I do hereby waive, release, absolve, and  
indemnify the organizers, sponsors, supervisors, coaches, and Association offices for any claim arising  
out of an injury to my child.

I hereby authorize any duly authorized doctor, emergency medical technician, hospital, or other medical  
facility to treat my child named above.

I authorize any licensed physician to perform any procedure that he/she deems advisable in attempting to  
treat or relieve any injuries or unhealthy conditions of said minor that she may encounter during any  
necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed Physician.

I acknowledge that no warranty is being made as the result of any treatment.

I hereby give my permission for any and all medical attention necessary to be administered to my child in  
the event of an accident, injury, sickness, etc., under the direction of any coach of the Morningside Lady  
Bulldogs Softball League or any successor organization, until such time as I may be contacted.

Individuals participate in athletics at their own risk, with parents and/or guardians assuming  
responsibilities if the minor is injured. Participation in athletics without medical insurance is prohibited.

I also hereby assume the responsibility for payment of any such treatment. I have read the above and will  
comply.

Health Insurance: \_\_\_\_\_ I.D.# \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone#: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to player \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EVERY ATHLETE MUST HAVE A COMPLETED REGISTRATION FORM, MEDICAL  
RELEASE FORM, AND PAYMENT IN FULL BEFORE THEY CAN PARTICIPATE. THERE  
WILL BE NO EXCEPTIONS.**