



Come & Join an exciting and dedicated league!

The Morningside Girls Softball Association will be holding it's open registration for the 2015 spring season. All girls ages 6 through 18 years old are welcome to join us for registration at St. Raphael's school, located at 1154 Chislett Street, Pittsburgh, PA 15206 on February 20, 2015 and February 27, 2015 from 5:00-7:30pm.

Registration fees are as follows:

\$100.00 for the 1st child, plus \$20 in Raffle Tickets, \$145.00 for a family up to three children.

We are hoping to see a lot of new faces as well as returning players!

If you have any questions, comments, concerns, or further information, contact President Gil Sokol by phone at (412) 576-0774 or email: morningsidesoftball@yahoo.com

Be sure to check out our Facebook and Twitter pages!
www.facebook.com/morningsidegirlssoftball
[@MSideSoftball](https://twitter.com/MSideSoftball)

We are looking forward to a great softball season!

More registration dates to be scheduled. Email if interested. →

Morningside Girls Softball Registration 2015

Family Last Name: _____

Father/Guardian: _____ Cell Phone#: _____

Mother/Guardian: _____ Cell Phone#: _____

Home Address: _____ City, Zip: _____

Email Address: _____

Emergency Contact#1: _____ Phone#: _____

Family Physician: _____ 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 Allergies/Medications: _____

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 Allergies/Medications: _____

3. _____ Age: _____ Birthdate: _____

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

Jersey #: Choice #1: _____ Choice #2: _____ Choice #3: _____

Medical Allergies/Medications: _____

Registration Fees

Softball All Levels: \$100 (to include TEN \$2 Raffle Tickets) First Player, \$145 up to 3 players

Includes: Shirt, shorts, visor and socks

Parent/Guardian Signature: _____ Date: _____

Morningside Girls Softball Association

Medical Release Form

I, the parent/legal guardian of _____ (birthdate: _____) a player on a Morningside Girls Softball team hereby give my approval to the child's participation in any and all team and league activities during the next twelve (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 officers 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 to the results 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, ect., under the direction of any coach of the Morningside Girls 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 coverage 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: _____ 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.