



# Baseball/Softball Registration Form

## Monroe Sports Association



### Child's Information

Age \_\_\_\_\_

Child's Name \_\_\_\_\_ **Boy - on May 1** \_\_\_\_\_  
 \_\_\_\_\_ **Girl - on January 1** \_\_\_\_\_  
 Custodial Parent(s) \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Remarks \_\_\_\_\_ Played with MSA last year? Y/N \_\_\_\_\_ Years Experience? \_\_\_\_\_  
 Medical Comments \_\_\_\_\_

Shirt Size: (circle) YS YM YL AS AM AL AXL Hat Size: (circle) YOUTH / ADULT  
 Short Size(Girls): YS YM YL AS AM AL AXL Sock Size(Girls): SM / MED / LG

### Parent (Guardian) Consents and Agreements

The undersigned, on behalf of the above named child and as his or her parents warrants, consents and agrees to the following to the Monroe Sports Association (MSA):

- The undersigned is the legal custodial parent or guardian of the above named child or is authorized by such person(s) to sign on their behalf.
- The undersigned consents to the child playing baseball/softball in leagues established by the MSA.
- Release of MSA and owner of facilities.** The undersigned recognizes the possibility of physical injury associated with playing baseball and transportation to practices and games. The undersigned further acknowledges that the Monroe Sports Association does not carry any type of insurance covering such injury to the child. The undersigned warrants that he/she has adequate medical insurance for said child.

\_\_\_\_\_  
 initials **The undersigned hereby releases, discharges and indemnifies MSA, its Board of Directors, its affiliated organizations, its sponsors, its coaches, its umpires, its employees and associated personnel, the Municipality of Monroe, as owner of the grounds and facilities utilized in the program, against any injury, loss or other claim by the above child or his parent/legal guardians as a result of the above child's participation in the program or transportation to or from the same.**

- Consent for medical treatment.  
 \_\_\_\_\_  
 initials **The undersigned, as the custodial parent/legal guardian of the above child, gives consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry, paramedic or any life squad personnel. This care may be given under any conditions which are necessary to preserve life, limb or well-being of said child.**

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**ARE YOU INTERESTED IN HELPING US?** MSA is run strictly on a non-pay, voluntary basis for the good of the children. We need volunteers to make this program work. **Please circle or fill in** below if you are interested.

**Coaching:** Head | Assist with \_\_\_\_\_ **Umpire:** Parent | Child  
**Sponsor:** \_\_\_\_\_ **Other:** Board Member | Concession Stand | Team Parent

<b>TO BE COMPLETED BY MSA REPRESENTATIVE</b>	Birth Certificate Verified: Yes No
	League Assigned To: (circle) Boy KT CP C B A Girl KT U8 U10 U12 U14 HS
	Non refundable registration fee paid: \$ _____ How Paid? (circle) Cash Check # _____ Total of check if different: \$ _____
	Date: _____ MSA Collector's Signature: _____

Make checks payable to: **Monroe Sports Association** mail to: **PO Box 183, Monroe OH, 45050**  
(DO NOT mail after registration deadline, registration will be declined)

Visit our website at [www.monroesports.net](http://www.monroesports.net)