

Kasson-Mantorville 10U Player Registration Form for 2010
Participants must have been 10 years of age or younger on Dec. 31, 2009

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

Make \$45 check payable to: KMGSA

Return this form with your payment to:

Required Softball Tryouts:
March 14th and March 21st
5-8pm KM High School North Gym
* See the web site for details

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 09/10: _____

Player Birth Date: ____/____/____
(Born on or after: Jan. 1, 1999)

T-Shirt (circle one): Youth Adult

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

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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