



MGSA Use Only

Division: _____

Team: _____

Please Print Clearly

Player's Name: _____ Date of Birth: _____ Grade entering in **Fall** _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Home Phone: _____ Alt. Phone: _____

Mother's Name: _____ Home Phone: _____ Alt. Phone: _____

Father's Email: _____

Mother's Email: _____

T-Shirt size: (circle one) **Youth** 6-8(S) 10-12(M) 14-16(L) **Adult** S M L XL

Short size: (circle one) **Youth** 6-8(S) 10-12(M) 14-16(L) **Adult** S M L XL

Is another family member in MGSA? If yes, Name: _____ Relationship _____

If same division, do you want to be on the same team? Yes _____ No _____

Junior, Intermediate and 14U Divisions Only

Number of years experience _____

Any pitching experience? Yes _____ No _____ How many years? _____

Parent/Guardian Consent

I, the parent or guardian of the applicant, understand the Morton Girls' Softball Association (MGSA) provides secondary insurance for injuries only when the ball player has no other insurance available.

I, the parent or guardian, give permission for my daughter's picture and/or information to be published on the website of the Morton Girls Softball Association (www.mortongirlssoftball.org) Yes _____ No _____

Parent/Guardian _____ Date: _____

I am willing to volunteer as: Coach _____ Asst. Coach _____

I would like my name/company added to the MGSA website for a \$50 fee.
Yes _____ No _____

Circle	Player \$65	Cash or Check
	Second Child \$45	Check Number: _____
	Additional Child \$20	Initials: _____
	Sponsor \$50	
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