

# 2012 MVSA Registration Form

Traveling fee: \$160  
In-House Fee: \$60

MVSA  
P.O. Box 120286  
New Brighton, MN 55112

*Please note, fees are not refundable*

Player's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

NOTE: a copy of a certified birth certificate is required *before* a girl can attend tryouts or practices.

**Age level is determined by player's age effective December 31, 2011:**

**In-House 10U 12U 14U 16U 18U**

Player First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Player is a: Pitcher \_\_\_\_ Catcher \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian (1) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

Parent/Guardian (2) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

Do you live or attend school in the School District 621 attendance area?  YES  NO

Do you have an MVSA uniform?  YES  NO If YES, my number is \_\_\_\_\_

(If NO, please contact Chris Kelley at [cmajekelley@hotmail.com](mailto:cmajekelley@hotmail.com). You then must order a uniform on-line at [www.MVSAfastpitch.org](http://www.MVSAfastpitch.org))

## Waiver/Medical Release

Fastpitch softball includes (but is not limited to) typical activities of throwing hard balls, swinging metal bats, running, sliding, and catching. These activities take place during the hot summer weather and every conceivable injury or accident associated with these activities is possible. Some of those injuries include cuts, scrapes, blisters, various head and neck injuries, nose bleeds, jammed fingers, dislocations, broken bones, eye injuries, heat stroke, and knee and ankle injuries. There is always the possibility of a freak accident that might lead to serious injury, and possibly death.

I/We as parents/guardians of the above named player, hereby give permission to the above named player to participate in MVSA activities. I/We as parents or guardians acknowledge the risk of injury and assume all risks incidental to participation in MVSA including transportation to and from activities and functions. Further, I/we hereby waive, release, indemnify and agree to hold harmless MVSA, its officers, directors, program directors, sponsors, organizers, supervisors, coaches, participants and any other individual associated with MVSA for any claim arising out of any injury or harm to my/our child or me/ourselves.

In case of emergency, I/we authorize a representative of MVSA to obtain medical attention for my/our child as appropriate. I/We authorize a physician, surgeon, or dentist to exercise their professional judgment and assess the risks and choose the necessary treatment as they in their professional judgment determine to be necessary for the health and safety of my/our child.

I/We understand the risks of participating in fastpitch softball and as a parent or legal guardian of the above named player give my/our informed consent to participate.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**MVSA is a *volunteer* organization. I can help with...**

Concessions  Coach ( \_\_\_\_ age level)  Assistant Coach  Tournaments Other: \_\_\_\_\_