Midland United Girls Softball P.O. Box 10574 Midland, TX 79702 www.midlandfastpitch.com SPRING SEASON 2010

Player's Name:	Home Pho	one:
Address:		Zip:
Date of Birth: Age as of 1/1/201	0:	_
Current School:	Grade:	
How many Spring Seasons have you played softball?		
Positions Played:		
If a "pitcher", how many years have you pitched?	If a "catcher", h	ow many years?
Have you been selected as an All-Star, and if so, how many year	s?	
Parent or Guardian Info	rmation:	
	Nother:	
Employer: E	Employer:	
Cell Phone:	Cell Phone:	
email:e	email:	
	Ph	one:
Emergency Contact:		<u> </u>
If you wish a family doctor contacted in case of an emergency, list doctor is listed your child will be taken to the emergency room at I signature below allows a MUGS Board Member, or your daughter's needed.	the doctor's name Midland Memorial s Coach, permissi	e and phone number. If no Hospital for treatment. Your on to have your child treated if
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