

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

Player's Name: _____	Home Phone: _____
Address: _____	City: _____ Zip: _____
Date of Birth: _____	Age as of 1/1/2010: _____
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", how many years? _____
Have you been selected as an All-Star, and if so, how many years? _____	

-----Parent or Guardian Information:-----

Father: _____	Mother: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
email: _____	email: _____
Emergency Contact: _____	Phone: _____

If you wish a family doctor contacted in case of an emergency, list the doctor's name and phone number. If no doctor is listed your child will be taken to the emergency room at Midland Memorial Hospital for treatment. Your signature below allows a MUGS Board Member, or your daughter's Coach, permission to have your child treated if needed.

Doctor's Name: _____	Phone: _____
Parent Signature: _____	Date: _____

I hereby consent for the above girl to participate in the MIDLAND UNITED GIRLS SOFTBALL ASSOCIATION (MUGS) program. I understand that for my daughter to play, I must furnish a copy of proof of age. I also release MUGS and the City of Midland in the event of injury to said participant. I also acknowledge that all check payments to MUGS will be processed through Collectrite and are subject to a \$35 fee, in addition to any fees charged by my bank, should the check be insufficient.

Parent or Guardian Signature: _____

PLAYER'S SHIRT SIZE: YS YM YL AS AM AL AXL AXXL AXXXL
 PLAYER'S SHORT SIZE: YS YM YL AS AM AL AXL AXXL AXXXL

FOR MUGS USE ONLY

Division (Circle One): TB 8U(Machine Pitch) 10U 12U 14U 16U/18U
Birth Certificate is on Record: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost: T-Ball \$60 per player (no price breaks for sisters) All Other: \$80 for one player, \$150 for two players, \$220 for three players Late Signup Fee \$10.00
Date: _____ BOD Member: _____

ASA REGISTRATION # _____	Date: _____
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