



MAHTOMEDI GIRL'S FASTPITCH SOFTBALL



Summer League 2008

Key Dates

On Site Registration: Jan. 23 and 29 from 5-7 PM at the Mahtomedi Middle School cafeteria

Mail in Registration: Jan. 30 to Feb. 24

Open Gym (batting cage & throwing): Wednesdays 3-6 PM from Jan. 16 to Mar. 12 at the Mahtomedi Middle School Gym #1, courts 2&3 (attendance optional)

Player Evaluations: Mar. 29 from 9 AM to Noon at Hamline University field house (attendance mandatory)

Registration Form – PLEASE PRINT

Player's Name _____ Age _____ Birth Date ____/____/____
 Parent(s) Name(s) _____
 Street Address _____ City _____ Zip _____
 Primary Contact Phone Number (____) _____ - _____
 Primary Contact E-Mail Address _____
 School Attended _____

* Age Division Registering For:

(* AGE DIVISIONS ARE	_____	18 and Under
DETERMINED BY PLAYER'S	_____	16 and Under
AGE ON DECEMBER 31, 2007)	_____	14 and Under
	_____	12 and Under
	_____	10 and Under

Team played on last year (Age Level/Coach) _____

Position(s) played last year _____

Position(s) would like to play this year _____

REGISTRATION AMOUNT:

_____ \$160.00 (Player Fee)
 _____ \$23.00 (Jersey)**
 _____ \$16.00 (Shorts)**
 _____ \$5.00/pair (Socks)
 _____ \$16.00 (Sliding Pad - Optional)
 _____ \$17.00 (Compression Shorts - Optional)

**Note: Past players whose jersey & shorts still fit are not required to get new ones. First time players are encouraged to attend the Jan. 23 or 29 registration sessions so they can try on uniform sizes.

PLEASE MAKE CHECKS PAYABLE TO: Mahtomedi Fastpitch Association

**IF MAILED, please send your check AND registration to: Paul Edwards
19 Peninsula Road
Dellwood, MN 55110**

For further information on registration, please call: Paul Edwards at (651)730-9859 or check the website at www.mahtomedi.com/fastpitch.

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Parent Volunteer Opportunities

- Coaching (Level _____)
- Picture Day
- Fundraising
- Board Member
- Help in Any Way I Can

Name: _____ Phone Number: (____)_____-_____

Waiver

I hereby give permission to the Mahtomedi Fastpitch Association (“MFPA”) to release my daughter’s name, address, telephone number and parent’s name on a list to be distributed to the players, coaches, directors, officers, and members of the MFPA. I hereby give my daughter permission to participate in any and all MFPA league, games, practices, clinics, and activities. I know that participation in fast-pitch softball may result in serious injury and I hereby waive, release and absolve the MFPA, and it’s coaches, employees, directors, officers, sponsors and volunteers from any loss, damage, claim or injury incurred by my daughter arising from an MFPA activity or event. I assume all risks and hazards, including personal injury, death or loss of property sustained by my daughter from an activity or event.

Parent/Guardian Signature _____ Date _____

Important Note

The number of teams playing is limited, so registration does not guarantee you a place on the team. An attempt will be made to place all eligible players registering on or before February 24, 2008 on a team. Only players who are not placed on a team will receive a refund of their registration fee. **Players registering after February 24, 2008, will be put on a first-come first-serve waiting list, and placed on a team ONLY if a position opens up on a team due to a timely registered player dropping out or additional players are needed.** The registration fee will become NON-refundable after teams are selected (early April), unless the registrant is NOT placed on a team.

Mahtomedi Fastpitch Association (“MFPA”)

It is the intent of this Organization to confine its efforts to benefit students and the youth living in or enrolled in the Mahtomedi School District #832. Any participant who lives outside this area and wishes to participate must be approved by the Board of Directors. Financial Assistance is available for those who qualify. A Family Plan is available for families with three or more girls playing fastpitch softball.

**Mahtomedi Fast-Pitch Association (MFPA)
2008 Emergency Information**

Player's Name _____

EMERGENCY MEDICAL INFORMATION

Doctor's Name _____ Phone Number (____)____-_____

Dentist's Name _____ Phone Number (____)____-_____

Insurance Carrier _____ Policy # _____

Hospital Preference _____

To Whom It May Concern:

To the best of my knowledge, my child does not have a physical impairment that would affect her ability to participate in fast-pitch practices and/or games.

Are there any medical conditions/problems that the coach and/or association should know about? YES NO

If yes, please explain:

Is the Player taking any medications? YES NO If yes, please explain:

In regard to any injury that my child may receive, I hereby give my permission to any qualified physician or medical person to attend to the injury.

Parent or Legal Guardian's Signature: _____ Date: _____

I give my permission to have my child's information appear on the Mahtomedi Team Roster.

Parent or Legal Guardian's Signature: _____ Date: _____

****A COPY OF THE CHILD'S CERTIFICATE OF LIVE BIRTH MUST ACCOMPANY THIS FORM UNLESS PREVIOUSLY RECEIVED BY THE MAHTOMEDI FAST-PITCH ASSOCIATION.****