

MCSSA 2019 REGISTRATION FORM

(\$60 per person)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Hm. Phone: _____ Cell: _____ DOB: _____ Age: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

How did you find us? (Be specific. Signs, FB, Friend, etc.) _____

New or Returning: (circle one) Preferred Position(s) _____

RETURNING PLAYERS:

_____ I prefer to remain on the team I played on last year. Team Name: _____

_____ I would like to go back into the general draft.

Shirt Size: (Circle One) SM M LG XL 2X 3X

Amount Paid: _____ (Cash/Check)

Division Preference (Note: 2 divisions A (upper) and B (lower) is dependent on enough teams)

_____ A Division only _____ B Division only _____ Prefer A, but will play B

_____ Prefer B, but will play A _____ Happy to play either Division

I am willing to coach: (Circle One) Yes No Maybe

Can sponsor or know of a sponsor: (Circle One) Yes No

If yes, who and how to contact _____

In consideration of the acceptance of my application for registration in the MCSSA League, I have and do hereby assume all risks connected with MCSSA activities.

I hereby for myself, my heirs, executors, administrators and assigns, waive and release and discharge any/all rights, claims for damages and/or losses which I may have against the MCSSA, its officers, board members and/or agents, for any and all activities connected with the MCSSA. I understand the meaning of this Agreement and my signature heron indicates that it is voluntary act on my part.

Signature _____ Date _____