

**MCSSA 2024 PLAYER REGISTRATION FORM**

(\$70 per person)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Returning Player:  I prefer to remain on the team from last year.  I prefer to go back into the draft. Team Name: \_\_\_\_\_

I am new to the league: How did you find us?  Signs  FB  Friend  Other  
Playing position preferred? \_\_\_\_\_

T-Shirt Size: SM  MED  LG  XL  2XL  3XL

I am willing to coach:  Yes  No  Maybe

I can Sponsor a team, or I know of someone:  Yes  No

\*If yes, who and how to make contact: \_\_\_\_\_

I would consider being a Board or Committee member when the need arises.  Yes  No  Maybe

\*If yes or maybe, best way to reach me: \_\_\_\_\_

*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 \_\_\_\_\_

<b>For Board Member Use Only:</b>	Amount Paid	\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Check No. _____
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