

## Moon Township Girl's Softball League

P.O. Box 960 Moon Township, PA 15108 www.moonsoftball.com



## FALL 2017 REGISTRATION

The MASL exists to provide an opportunity for the girls of Moon, Crescent and surrounding areas to play and grow in the game of softball.

Mail-in registration must be received by August 5, 2017 On-Line registration on website begins July 12, 2017 Walk-in registration at the Softball Concession Stand on Saturday July 29, 2017 from 10:00 am - 12:00 pm

FALL BALL teams and leagues are at the discretion of the Board and based on the number of girls registered. Teams will be playing in leagues outside of Moon Township, but will play Home Games also.

The MASL is solely operated by volunteers. If you would like to donate some of your time to assist the girls, please check any of the areas below where you would like to help: Concession Stand help is required by all parents. Assistant Coach Each player must fill out a separate form. Player Name: Address: E-Mail: / <u>\_\_\_\_</u> Grade: \_\_ Age as of January 1, 2017 **Uniform Size:** Shirts Shirts Make Checks Payable To: Youth Small M.A.S.L. Adult Large Youth Medium P.O. Box 960, Moon Twp, PA 15108 Adult X Large Youth Large Adult Small Adult 2XL **TEAM LEVEL (check one)** Adult Medium T-Ball (Ages 4-6) \_\_\_\_ 12U (Ages 11-12) # of Children Fee per Player Total Registration Fee Registration \_\_\_\_ 15U (Ages 13-15) 8U (Ages 7-8) 1st Child Fee \$60.00 10U (Ages 9-10) 18U (Ages 16-18) 2nd Child Fee \$50.00 3rd Child Fee \$40.00 Total Amount Due (Make check payable to M.A.S.L.) \$ A \$25 late fee will be assessed on all registrations after August 5 MASL does not guarantee the amount of games played during the season. Mouthpieces and/or facemasks are strongly recommended for

players in all age groups. Pictures of players taken during the softball season may be posted on the MASL Website.

I hereby agree to indemnify and hold harmless the Moon Area Softball League, including Board Members and any coaches or officials, for any injury to my child, even that though caused by negligence of a player, coach, or official. I further understand that there is limited insurance other than my own.

Name of Parent / Guardian: (Please Print)	
Signature of Parent / Guardian:	Date: