

**REGISTRATION #**  
\_\_\_\_\_**2016-2017 MYAA**  
*Medford Renegades*  
*Softball Registration***General Information**

Player Name	Parent(s) Name
Date of Birth	Renegades Team <b>Circle One:</b> 10U 12U 14U HS Div
School	Grade Level:
Street Address	Player's Cell
City/State/Zip	Mother's Cell
Home Phone	Father's Cell
Father's Email	
Mother's Email	

**Medical Information**

Allergies	
Asthma	
Medication	

Player Experience	Team	Positions	Coach
2016			
2015			
2014			

**2016 –2017 Plans** - Please list any other teams/sports that you are playing or anticipate playing Fall 2016 and/or Spring 2017. **It is critical that your commitment to the Medford Renegades is a priority during our 2016-2017 season with the exception of Softball on your respective School team.**


Seeking Primary Position: (please circle **ONE**): **P C 1st 2nd 3rd SS LF CF RF**

Secondary Position(s) (please circle all that apply): **P C 1st 2nd 3rd SS OF**

**Please Read the Following Release and Sign.**

I, the undersigned (or parent or legal guardian if under 18 years of age of the above player), hereby acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration of accepting the registration of the above player and permitting the voluntary participation of said player in its program, I hereby release, discharge and hold harmless the Medford Youth Athletic Association (MYAA), its employees, officers, directors, volunteers and other representatives from any claims arising out of or relating to any injury that may result to said player participating in MYAA sponsored events or practices, including any injury caused by negligence of any official, umpire or coach while performing his/her duties during any practice or games and including an injury occurring during transportation. I hereby assume the responsibility for payment of any medical treatment. Additionally, if I am not present for a team related activity, I give my permission for any medical attention necessary to my child in the event of accident, injury, sickness, etc., under the direction of the representative of the MYAA organization until such time as I may be contacted and available.

**Parent signature of consent****Date**

X \_\_\_\_\_