



**Midnight Suns Fastpitch Softball Association  
2012 Registration/Liability/Medical and Travel Release Form**

Fill out this form and place it in and the registration fee in the Midnight Suns softball lockbox in the lobby area of the Dimond Park Field House or mail the completed form and fee to the address at the bottom of this form by October 1st. Players and parents are required to attend a mandatory meeting at Riverbend Elementary Gym with a team picture Sunday October 2, 2011 at 3:00pm.

**Registration Fee: 1st player \$200; 2nd player \$150; 3rd player free (family discount subject to board approval)**

**Player Information:**

Player's Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Player's Birth Date \_\_\_\_\_ Player's Current Age \_\_\_\_\_ and age on Dec 31, 2011 \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ AK Air # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary contact email address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary contact email address \_\_\_\_\_ Home Phone \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Player Medical Information:**

Insurance Provider \_\_\_\_\_

Insured's Name \_\_\_\_\_ ID # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

**Parent/Guardian Authorization**

I give my permission for my daughter to participate in all Midnight Suns Fastpitch Softball Association activities, including travel on Midnight Suns Fastpitch Softball teams including travel to Canada. I hereby state that she is physically able to do the activities therein. I will not hold Midnight Suns Softball Association, Dimond Park Field House, Juneau Baseball Softball Association, the City and Borough of Juneau, or any employee or volunteer thereof liable for any injuries that may result from her participation in these activities. In case of emergency, I hereby authorize the player named above to be treated by Certified Emergency Personnel (i.e. EMT, First responder, E.R. Physician). I give my permission for emergency medical treatment in the event I cannot be reached.

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



## MSFSA WEB SITE/PRINTED MEDIA RELEASE

As part of the promotion and communications efforts of the Midnight Suns Fastpitch Softball Association, MSFSA utilizes a website to promote softball, inform players and parents, and generally serve as a resource to promote the Midnight Suns. As part of that effort, team rosters, pictures, game photos and stories and other information about Midnight Suns players, coaches and events are published. The website can be viewed at: [www.midnightsuns.org](http://www.midnightsuns.org)

### Examples of what may be published (with permission)

- Game stories including player names, etc.
- Team rosters including players first and last name
- Game and player photographs,
- Team travel and game schedules

### Examples of what will NOT be published

- Player's personal information such as date of birth
- Player/family's telephone number (except coach's contacts)
- Player/family's e-mail address (except coach's contacts)
- Player or family's street address or box number

I, Parent/Guardian of \_\_\_\_\_, hereby consent that the photographs and/or videotape and limited demographic information may be used by the Midnight Suns Fastpitch Softball Association in electronic or printed media such as posting photographs and/or video on the internet, or using her photograph on newspaper stories, advertisements, flyers and such.

Please initial below for consent or DO NOT consent and sign at the bottom of the page.

I give my consent \_\_\_\_\_

I DO NOT give my consent \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_