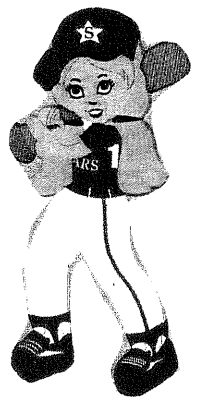


Moon Area Softball League (MASL)  
 P.O. Box 960  
 Moon Township, Pa. 15108  
[www.moonsoftball.com](http://www.moonsoftball.com)



**SPRING 2010 REGISTRATION**

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

Mail-in Registration must be received by **March 6, 2010**

Walk-in Registration (Moon Middle School main lobby) **January 30, and February 6 from 10:00 AM-1:00 PM**

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:

Board Member \_\_\_\_\_ Concessions \_\_\_\_\_ Tournaments \_\_\_\_\_  
 Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Fundraisers \_\_\_\_\_

**Uniform Size: Please check one:**  
 Youth Large \_\_\_\_\_ Adult Large \_\_\_\_\_  
 Adult Small \_\_\_\_\_ Adult Extra Large \_\_\_\_\_  
 Adult Medium \_\_\_\_\_ Adult 2XL \_\_\_\_\_

**Recommended Levels Based On Age**  
 Please circle one: **In-House** **Travel**  
**In-House** **Check One**  
 T-Ball (Age 4-5-6) \_\_\_\_\_  
 Coach Pitch (Age 7-8) \_\_\_\_\_  
 Modified Pitch (Age 9-10) \_\_\_\_\_  
 Fast Pitch (Age 11-15) \_\_\_\_\_

Each player must fill out a separate form.

Player Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_  
 Age as of January 1, 2010 \_\_\_\_\_

**Travel (Based on # of sign-ups)**  
 Age---10U \_\_\_\_\_  
 Age---12U \_\_\_\_\_  
 Age---15U \_\_\_\_\_  
 Age---18U \_\_\_\_\_

<b>Registration:</b>	<b>No. Children</b>	<b>Fee per Player</b>	<b>Total Registration fee</b>	<b>Make Checks Payable To:</b>
1 <sup>st</sup> Child Fee	_____	\$ 90.00	_____	<b>M.A.S.L. P.O. Box 960 Moon Township, Pa. 15108</b>
2 <sup>nd</sup> Child Fee	_____	\$75.00	_____	
3 <sup>rd</sup> Child Fee	_____	\$50.00	_____	
T-Ball	_____	\$35.00	_____	
Late Fee (after 3/6/10)	_____	\$25.00	_____	
<b>Total Amount Due</b>	_____		\$ _____	

Requests for a specific coach or team must be noted on the registration form, but cannot be guaranteed.  
 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.  
 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_