



Moon Area Softball League (MASL)

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



SPRING 2012 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 10, 2012

Walk-in registration (at the Moon Middle School Main Lobby)

Saturday, January 28 & February 4 (10:00 am - 1:00 pm) & Monday, January 30 (6:30 pm - 8:30 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: Concession Stand help is required by all parents.

Board Member _____ Concessions _____ Tournaments _____ Golf Outing _____

Coach _____ Asst. Coach _____ Fundraisers _____

Each player must fill out a separate form.

Player Name: _____

Address: _____

Telephone: () _____

E-Mail: _____

Birth Date: ____/____/____ Grade: _____

Age as of January 1, 2012 _____

Uniform Size:	Shirts / Shorts		Shirts / Shorts
Youth Medium	_____	Adult Large	_____
Youth Large	_____	Adult X Large	_____
Adult Small	_____	Adult 2XL	_____
Adult Medium	_____		

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) _____

Travel (Based on # of sign-ups)

Age - 10U _____

Age - 12U _____

Age - 15U _____

Age - 18U _____

Registration	# of Children	Fee per Player	Total Registration Fee
1st Child Fee	_____ x	\$90.00	= _____
2nd Child Fee	_____ x	\$75.00	= _____
3rd Child Fee	_____ x	\$50.00	= _____
T-Ball	_____ x	\$40.00	= _____
Late Fee (after 3/10/12)	_____ x	\$25.00	= _____
Total Amount Due			\$ _____

Make Checks
Payable To:

M.A.S.L.

P.O. Box 960

Moon Township, PA 15108

Requests for a specific Coach or Team noted on the registration form **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: _____