Morgan Summer League

Baseball and Softball

Todd Forney PRESIDENT

Mike Lowenthal DIRECTOR OF BASEBALL

Kylie Forney DIRECTOR OF SOFTBALL Jeremy Dippo SECRETARY

Don Hand TREASURER

MORGAN SUMMER LEAGUE BASEBALL AND SOFTBALL SPRING REGISTRATION SIGN UP NOTICE

To All Morgan Township Parents,

It's that time of the year again for baseball and softball fun for our kids. Our registration signups are coming up. You may register in person on the following date:

WHEN: JANUARY 12th, 2019 (SATURDAY)

9:00AM TO 12:00PM

JANUARY 26th, 2019 (SATURDAY)

9:00AM TO 12:00PM

WHERE: MORGAN TOWNSHIP SCHOOL

LARGE CAFETERIA

If you cannot attend registration that day, please contact the following directors listed below for late registration and arrangements:

Baseball Directors: Mike Lowenthal

Mikejl51@yahoo.com

219-405-1092

Softball Director: Kylie Forney

kyliejoe@hotmail.com

765-427-3380

You may also mail your registration form with payment (check form) to:

Todd Forney MSL League President 239 Bridgewater Lane Valparaiso, IN 46383

Checks should be made payable to Morgan Summer League.

NOTERegistration Form must be received no later than February 26th, 2016.

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2019 Morgan Summer League Registration Form

| Baseball Ages 7-15 | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| Players Name | Players Name Da | | rth | Sex M F | | | | | |
| Parent(s) / Legal Guardian's Name: | | | | | | | | | |
| ν, σ | | | Please print | | | | | | |
| Home Phone: | Cel | | | | | | | | |
| Address: | | City: | State: | Zip: | | | | | |
| enforce the rules and cons Summer League Associati all risks and hazards incid- release, absolve, indemnif | dental to such participation if fy and agree to hold harmle | sportsmanship. I / We a aches harmless in the ev- including transportation ess the above named org | agree to hold the Morgan T went of an injury during lean to and from the activities ganization, the organizers, | Fownship School, Morgan ague activities. I / we assume and I / We do hereby waive, | | | | | |
| I/We will furnish a | I/ We will furnish a certified birth certificate of the above named player. | | | | | | | | |
| I/ Y/ C WIII I COLLEGE | | Uniform sizes | | | | | | | |
| Shirt Size: Youth: S | M L XL | | uth: S M L XL | | | | | | |
| Shirt Size Adult: S | | | ult: S M L XL X | XXL | | | | | |
| | | Belt: | Yes or NO | | | | | | |
| <u>C</u> | Circle one | Circle one | | | | | | | |
| I / We the parents / guardian of the above named player, give the Morgan Summer League permission to release my phone number(s) to the team's coaches and other designated people / organizations. | | | | | | | | | |
| Parent / Legal Guardi | ian's Signature: | | Date: | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Morgan Township Summer League Consent For treatment In the case of accident or illness, I hereby authorize a representative of Morgan Summer League to use his / her judgment in obtaining immediate medical care. | | | | | | | | | |
| Signed. | | Date: | | | | | | | |
| • | rent / guardian) | Duic | | | | | | | |
| List of any Allergies | | | | | | | | | |
| Required medication: | · | | | | | | | | |
| Family Physician: | | <u></u> | | | | | | | |
| | | | | | | | | | |
| *Registration Fee | es: (check one) | Family discount | t: \$315 | | | | | | |
| | | | cluding instructional) | | | | | | |
| Age 7 – 8 Age 9 – 10 | \$110 | ` | <u> </u> | | | | | | |
| Age 11 – 12 | \$110 | Age group eligibility | is determined by player | r's age. | | | | | |
| Age 13 – 15 | \$110 | | | | | | | | |
| Total Paid \$ | Check # | Cash | | | | | | | |
| *If a parent participat | tes in the concession st | and or field day. Yo | ou will be reimbursed | 10\$ (per player) for your | | | | | |
| participation. Limit 1 day. | | | | | | | | | |

| We are in need of volunteers in the following positions: Coaching, Field Maintenance, |
|--|
| Concessions Stand, Team Pictures, Other: |
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| Rev. 1 |

2019 Morgan Summer League Registration Form Softball Ages 7-16

| Players Name | | Date of Birth | | _ Sex M _ F | | | |
|--|--|--|---|--|--|--|--|
| Parent(s) / Legal Guardian's Name: | | | | | | | |
| II Di | C II DI | Plea | se print | | | | |
| Address: | Cell Pho Ci | ne: ty: | E-Mail State: | Zip: | | | |
| enforce the rules and cons Summer League Associat all risks and hazards incid release, absolve, indemnif | ssion for my child to participate in stitution and promote good sports it ion, its officers, and the coaches had all to such participation including and agree to hold harmless the a ransporting my / our son or daught | nanship. I / We agre armless in the event ng transportation to above named organi | te to hold the Morgan To to of an injury during leage and from the activities a zation, the organizers, sp | wnship School, Morgan ue activities. I / we assume nd I / We do hereby waive, ionsors, supervisors, | | | |
| I/ We will furnish a certified birth certificate of the above named player. Uniform sizes | | | | | | | |
| Shirt Size: Youth: S Shirt Size Adult: S | M L XL | Pants: Youth | a: S M L XL : S M L XL XX Yes or No | KL | | | |
| Circle one | | | Circle one | | | | |
| I / We the parents / guardian of the above named player, give the Morgan Summer League permission to release my phone number(s) to the team's coaches and other designated people / organizations. | | | | | | | |
| Parent / Legal Guardi | an's Signature: | | Date: | | | | |
| | | | | | | | |
| Morgan Township Summer League Consent For treatment In the case of accident or illness, I hereby authorize a representative of Morgan Summer League to use his / her judgment in obtaining immediate medical care. | | | | | | | |
| Signed: | | Date: | | | | | |
| List of any Allergies Required medication: | rent / guardian) | | | | | | |
| | | | | | | | |
| *Registration Fee | | | ınt: \$315 | - onal) | | | |
| Age 7 – 8 Age 9 – 10 | \$110 \$110 | (3 of filore ito | t including instruction | mar) | | | |
| Age 11 - 12 | \$110 | Age group eligi | ibility is determined by | players' age. | | | |
| Age 13 - 16 | \$110 | | | | | | |
| Total Paid \$ | Check # | Cash | | | | | |
| *If a parent participates in the concession stand or field day. You will be reimbursed 10\$(per player) for your | | | | | | | |
| participation. Limit 1 day. | | | | | | | |

| We are in need of volunteers to serve in the following positions: Coaching, Field |
|--|
| Maintenance, Concessions Stand, Team Pictures, Other: |
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