



MEDICINE HAT MINOR SOFTBALL ASSOCIATION

REP TEAM PLAYER APPLICATION

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE# _____ AGE _____ DOB _____ (D/M/Y)

ALBERTA HEALTH CARE# _____

Should your coaches be made aware of any medical conditions that you have? If yes please explain:

Which MHMSA House League Team or Division do you play for, or played for the previous season?

I, _____, wish to be a Rep Team Player for the 20__ season in the _____ Division. I understand that I will be representing the Medicine Hat Minor Softball Association. I am committed to the extra effort required physically, mentally and financially to play on a Rep Team. I will try to attend all practices and games. Any player wanting to play Provincial ball MUST participate in house league. All players must put in at least 75% of the season dedication to house league. This will be monitored, and any player playing less than 75% but giving 100% to Provincial ball, will be denied the option of playing on the Provincial team. I will do my best to practice fair play, display a good attitude and good sportsmanship. I will abide by the Bylaws and Rules of Medicine Hat Minor Softball Association.

Players Signature _____ Date _____

I, _____, the legal parent/guardian fully support _____'s commitment to becoming a member of a Rep Team and her continued commitment to her House League Team. I understand that my child may only play a minimum of 25% of total innings played in Rep Playoffs. I also understand that my child will be expected to be available for weekend tournaments up to and including the Provincials.

Parent/Guardian Signature _____ Date _____

IT IS HIGHLY RECOMMENDED THAT YOU ATTEND BOTH ASSESSMENTS TO BE ELIGIBLE TO PLAY ON THE REP TEAMS

This application can be submitted during House League Registration or on the first day of Rep Assessments.

For more information, please visit www.medhatminorsoftball.ab.ca