



**MEDICINE HAT MINOR SOFTBALL ASSOCIATION
REP TEAM PLAYERS APPLICATION**

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE# _____ AGE _____ DOB _____

ALBERTA HEALTH CARE# _____

Should your coaches be made aware of any medical conditions that you have? YES OR NO

If yes please explain: _____

**Are you registered to play on a MHMSA House League Team for this season?
YES OR NO Which Division? _____**

I, _____, wish to be a Rep Team Player for the _____ 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. 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.