

MUSA™ Kickball Team Registration Form

Spring 2010 (May 2nd through July 17th)

Season begins the week of May 2nd; Registration deadline is April 7th

Division (please check your desired division):

- Sunday, Minneapolis NSP Fields, Fields 2 and 3 (12 team openings)
- Monday, Bloomington Dred Scott, Field 4 (6 team openings)
- Monday, St. Paul Rice & Arlington, Fields 1 and 3 (12 team openings)
- Tuesday, St. Paul Rice & Arlington, Field 1 (6 team openings)
- Wednesday, St. Paul McMurray Fields, Field 3 and 4 (12 openings)
- Thursday, St. Paul McMurray Fields, Field 3 and 4 (12 team openings)
- Friday, Minneapolis Sibley Park, Field 3 & 5 (12 team openings)
- Friday, Bloomington Valley View Playfields, Field 3, (6 team openings)

Player Name: _____

Phone: _____

E-mail (required): _____

Evening and City Desired (if different than above): _____

Shirt Size and Number: _____

Player Name: _____

Phone: _____

E-mail (required): _____

Evening and City Desired (if different than above): _____

Shirt Size and Number: _____

Player Name: _____

Phone: _____

E-mail (required): _____

Evening and City Desired (if different than above): _____

Shirt Size and Number: _____

Payment:

Cost per player is \$30. Registration deadline is April 7, 2010.

Credit Card Information (Circle one): **Visa**

Master Card

Number: _____ **Exp.:** _____

Checks should be made out to: **Midwestern Unconventional Sports (MUSA)**

Mail to: **MUSA LLC/Jennifer Acker
19457 Ellington Trail
Farmington, MN 55024**

Fax to: **651.463.3317**

To receive a copy of the official rules contact Jen Acker at Jen@kickoplex.com. Check out our website at www.musakickball.com. If you have more players, please add an additional sheet to this form. Please make checks payable to MUSA. Signed waiver must accompany registration to be considered complete.

Spring 2010 Kickball Waiver

By signing this document, I agree to take full responsibility for myself and my actions as a participant in the MUSA Spring 2010 kickball league and hold MUSA, LLC. free of liability from any accident, injury or loss that may occur due to my participation. I understand the risks of injury that are present in playing kickball and accept these risks.

Team Name: _____

Captain: _____ Captain's Phone Number: _____

Player:	Name Print	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____