



MAIL REGISTRATIONS TO:

P.O. Box 35002  
Canton, Ohio 44735

330-837-8168

www.jacksonsoftball.com

Ages 8U (Coach Pitch), 10U, 12U & 14U

## 2010 SOFTBALL REGISTRATION FORM

**LAST DAY TO REGISTER IS JANUARY 15, 2010 - NO LATE REGISTRATIONS WILL BE ACCEPTED**

Girl's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Must be at least 6 years old by 01/01/2010

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Played JFA last year?  Yes  No

Parents Name: \_\_\_\_\_

Alternate Phone Numbers (for example: Cell, Work, etc.) CIRCLE ONE

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Work Other

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Work Other

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Work Other

Primary E-mail Address: \_\_\_\_\_ Other E-mail Address: \_\_\_\_\_

### PARENTAL INVOLVEMENT

JFA needs responsible adults who want to help their children be successful. Please consider volunteering for any of the following:

JFA will provide training  
Call Ron Worrell for details  
330-837-8168

Manager (team leader)  Coach (team helper)  League Trustee

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Fast Pitch League Fees (Check One):

<b>AGE AS OF JANUARY 1, 2010</b>	
My daughter's age on January 1, 2010 _____ yrs.	
Roster (Ages 6 - 8) . . . . .	\$75.00 per girl
Roster (Ages 9 -14) . . . . .	\$110.00 per girl
Family Maximum for Roster Players . . . \$170.00	
Make decks payable to JFA	
Check Number _____ Total \$	

**\*ALL PLAYERS\*  
MUST SEND  
A COPY  
OF THEIR  
BIRTH  
CERTIFICATE  
with  
completed  
registration**

<b>RETURNING PLAYERS</b>	
My Spring 2009 Coach was: _____	
<input type="checkbox"/> I want the same team as 2009 if available	
<input type="checkbox"/> I want a different team than 2009	
*Check one option please	

If you have any questions, please call Ron Worrell  
Phone: 330-837-8168 or email: michigan97@sssnet.com

(OVER PLEASE)

# JFA - LEGAL RELEASE FORM

**HOLD HARMLESS** I, the parent, guardian of the named player, hereby release and discharge the Jackson Fastpitch Association, its Officers, members, coaches, and umpires of, and from, any and all liability for injury to my child resulting from, or in, any manner connected with participation in the Jackson Fastpitch Association programs.

**PUBLIC RELATIONS** I authorize the Jackson Fastpitch Association permission to publish photographs of my child for purposes of promoting and publicizing the association.

**I ATTEST** that I have read and understand all of the above:

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# JFA MEDICAL CONSENT FORM

In the event attempts to contact me at phone number \_\_\_\_\_ or \_\_\_\_\_ have been unsuccessful, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by: Dr. \_\_\_\_\_ (preferred Physician) or Dr. \_\_\_\_\_ (preferred Dentist) or in the event the preferred is not available, treatment by any other licensed physician or dentist.

(2) The transfer of the child to \_\_\_\_\_ (preferred Hospital) or any other hospital reasonably accessible.

This authorization does not cover any major medical surgery unless, in the opinion of the attending physician or dentist there is a life threatening situation requiring such surgery.

Facts concerning the child's medical history, including any allergies, medications being taken, and any other physical conditions to which a physician or dentist should be alerted are:

\_\_\_\_\_

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Uniform fittings will take place after teams are formed**