## JASPER-RIDGELAND YOUTH BASEBALL

A Member Organization of Dixie Youth Baseball

A \$20 "Uniform Rush Fee" will be added to Registration Fee if player is registered after Feb. 23TH

PARENT/GUARDIAN SIGNATURE



Sign-up locations: JASPER CHAMBER OF COMMERCE

TOWN OF RIDGELAND

## 2018 Player Registration Form

<u>Player Information</u> (Please print and record name as it appears on birth certificate)				
First Name	Middle Name	Last Name	Suffix	SEX M / F
ADDRESS		CITY		ZIP
PHONE		BIRTHDATE (MO/DA/YI	R)	
AGE GRADE	MEDICAL 1	NFORMATION		
I am registering my child	for the following leag	ue division (check one):		
T-Ball (ages 5-6) * Machine Pitch (ages 7-	Softball (a  Youth Base	ges 9-12) ** eball - Majors (ages 11-12)	Youth Base	eball - Minors (ages 9-10)
ARE YOU WILLING TO	O COACH? – YES / No	0		
May 1 is the cutoff date fo *T-Ball – Children turning **Softball – Girls turning	g 5 prior to December 3.		ERTIFICATE.	
Registration Fee of \$60	<b>0.00</b> Paid by: ( ) C	heck # ( ) Cas	sh \$	Make check payable to JRYB.
Shirt Size: (Check One) YS	S YM YL_	AS AM	AL AXL	
Do you have other children in Does your child have a black		(please circle one) If so, wh	tich division(s)?	
Father Information (or legal gu	<u>ıardian)</u>	Mother Informati	<u>on</u>	
NAME		NAME		
ADDRESS		ADDRESS		
CITY, STATE, ZIP		CITY, STATE, ZIP		
PHONE (h)	_ (cell)	PHONE (h)	(cell)	
EMAIL		EMAIL		
softball program, hereby gi release, absolve, indemnify participants and persons tre extent and in the amount co personnel or other league re boy/girl become ill, when no equipment issued to the boy certificate of the above name  II. CONCESSION STAND SU  I agree to work in the I choose not to work in	ve approval for his or her and agree to hold harmle ansporting the boy/girl to overed by accident and/or epresentatives to authorize ther parent is available to girl in as good a conditioned candidate upon requestive to the concession Stand and are the concession Stand and the c	participation including transs the parent or local league of and from activities, for any collability insurance held by the medical care from any licer to grant authorization for emon as when received except for the by league officials.  The sassigned night OR means the participation of the means as the property of the participation of the parent of	sportation to and organization, the organization, the organization, the organization of the local league. I and the sed physician, ho ergency treatment or normal wear and the sed physician, ho ergency treatment.	position in above mentioned baseball or from activities; and do hereby waive, organizers, sponsors, supervisors, of an injury to the boy/girl except to the also grant permission to managing spital, or medical clinic should the t. I agree to return upon request d tear. I will furnish a certified birth
By signing below, I acknow	owledge that I have rea	d and agree to Items I and	I II above.	

DATE