



# JARVIS MINOR BALL SOFTBALL REGISTRATION



PLEASE PRINT CLEARLY

NAME OF CHILD
---------------

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	TEAM PLAYED FOR LAST YEAR	DATE OF BIRTH MM/DD/YYYY	AGE BY DEC. 31 OF CURRENT YEAR
--	---------------------------	--------------------------	-----------------------------------

911 ADDRESS	TOWN	POSTAL CODE
-------------	------	-------------

**PARENT INFORMATION**

PARENT 1 NAME	PREFERRED PHONE # <span style="float:right;">MOBILE <input type="checkbox"/></span> <span style="float:right;">LAND <input type="checkbox"/></span>
---------------	---

PARENT 2 NAME	PREFERRED PHONE # <span style="float:right;">MOBILE <input type="checkbox"/></span> <span style="float:right;">LAND <input type="checkbox"/></span>
---------------	---

E-MAIL ADDRESS (Please Print Clearly)
---------------------------------------

**PLEASE CHECK FOR THE FOLLOWING**

I HEREBY GIVE PERMISSION FOR PICTURES OF MY CHILD TO BE USED ON THE JARVIS MINOR BALL WEBSITE/FACEBOOK WHILE SAID CHILD IS PARTAKING IN JARVIS MINOR BALL ACTIVITIES.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I UNDERSTAND THAT HELMETS ARE A MANDATORY PART OF MY CHILDS UNIFORM AND WILL ENSURE THAT HE/SHE HAS A WELL MAINTAINED ONE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I UNDERSTAND THAT MY REGISTRATION FEE IS FOR LEAGUE PLAY ONLY AND THAT THE ORSA'S/TOURNAMENTD ARE AT THE DISCRETION OF THE COACH/MANAGER.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I HAVE REVEIWED THE CODE OF CONDUCT WITH MY CHILD AND WE ARE AWARE OF OUR RESPONSIBILITIES.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I AM INTERESTED IN HELPING WITH <b>THIS</b> JARVIS MINOR BALL TEAM.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> HEAD COACH <input type="checkbox"/> ASSISTANT COACH <input type="checkbox"/> MANAGER		
I AM INTERESTED IN PARTICIPATING WITH THE EXECUTIVE OF JARVIS MINOR BALL.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SPECIAL REQUEST
-----------------

*I HEREBY RELEASE AND ABSOLVE THE JARVIS AMATEUR ATHLETIC ASSOCIATION, COACHES, JARVIS LIONS, HALDIMAND COUNTY OR THE JARVIS LIONS PARK STAFF FROM ANY RESPONSIBILITY DUE TO INJURY BY PARTICIPATING IN ACTIVITIES OR SPORTING EVENTS.*

SIGNATURE	DATE
-----------	------

**JARVIS MINOR BALL USE ONLY**

REGISTRATION AMOUNT	VOLUNTEER FEE	TOTAL PAID	CHEQUE #	CASH
TEAM		REGISTRAR'S INITIALS	RECEIPT #	