



# JARVIS MINOR BALL SOFTBALL REGISTRATION



PLEASE PRINT CLEARLY

NAME OF CHILD
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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
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911 ADDRESS	TOWN	POSTAL CODE
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**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>
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PARENT 2 NAME	PREFERRED PHONE # <span style="float: right;">MOBILE <input type="checkbox"/></span> <span style="float: right;">LAND <input type="checkbox"/></span>
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E-MAIL ADDRESS (Please Print Clearly)
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**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  NO

I UNDERSTAND THAT HELMETS ARE A MANDATORY PART OF MY CHILDS UNIFORM AND WILL ENSURE THAT HE/SHE HAS A WELL MAINTAINED ONE. YES  NO

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  NO

I HAVE REVEIWED THE CODE OF CONDUCT WITH MY CHILD AND WE ARE AWARE OF OUR RESPONSIBLITIES. YES  NO

I AM INTERESTED IN HELPING WITH **THIS** JARVIS MINOR BALL TEAM. YES  NO

HEAD COACH  
  ASSISTANT COACH  
  MANAGER

I AM INTERESTED IN PARTICIPATING WITH THE EXECUTIVE OF JARVIS MINOR BALL. YES  NO

SPECIAL REQUEST
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*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
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**JARVIS MINOR BALL USE ONLY**

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