



# 2017 Girls Fall League Softball

AGES 5-14

**REGISTER NOW !!**

\*\*\*\*\* Registration Deadline is August 12, 2017\*\*\*\*\*

**Fees Coaches Pitch: 5 & 6 year olds \$25.00 per player**

**Fees 8-U Machine Pitch: \$35.00 per player**

**Fees Fast Pitch Softball: \$40.00 per player**

**Payment should be attached to this form: Cash, Check, Money Order**

(Scholarship Applications are available for students who need financial aid. Limit of \$140.00 per family).

**Your child's softball eligibility is determined by her age on 1-01-2017**

**Please check below what program you are interested in.**

☆ 5-6 year olds COACHES PITCH \_\_\_\_\_ 8-Under Machine Pitch \_\_\_\_\_

☆ Fast Pitch: 10-Under \_\_\_\_\_ 12-Under \_\_\_\_\_ 14 Under \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School \_\_\_\_\_ Grade: \_\_\_\_\_

Have you played softball before? (Yes or No) What Team? \_\_\_\_\_

Are you already on a team? ( Yes or No ) What Team? \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

Best way to Contact You \_\_\_\_\_ Work # \_\_\_\_\_

E-Mail: \_\_\_\_\_

**For More Information Please Call- Earl Bell Community Center – 870-933-4604 or 870-882-5430**

**FORMS MAY BE DROPPED OFF AT EARL BELL COMMUNITY CENTER 9AM – 9PM DAILY**

### PARTICIPANT AND SPECTATOR RULES

No abusive behavior toward a player, coach, referee or league coordinator will be tolerated. No abusive language or profanity directed at a player, coach, officials or league coordinator will be tolerated. Violators of these policies will be given one warning. If participants and spectators do not comply they will be removed from the venue.

I, the parent of the registrant a minor, agree that the registrant and I will abide by the rules of Jonesboro Parks and Recreation and its affiliated organizations, and sponsors. Recognizing the possibilities of physical injury associated with Softball and in consideration for the Jonesboro Parks and Recreation Department accepting the registrant for its Softball program and its activities, I hereby release, discharge, and/or indemnify the Jonesboro Parks and Recreation Dept. its affiliated organizations, their sponsors, their employees, volunteers, and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also release my child's image in the form of a photograph or video to be used solely by Jonesboro Parks and Recreation for promotion of the program to the public through the media.

**CONSENT FOR MEDICAL TREATMENT (MINOR):** as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Payment received: Date:\_\_\_\_\_ Check\_\_\_\_\_ Cash\_\_\_\_\_Receipt No.\_\_\_\_\_

Received by:\_\_\_\_\_