



CITY OF JONESBORO 201 8 GIRLS SOFTBALL

AGES 3-16 REGISTER NOW !!

Registration Deadline is February 1 8th, 2018

Your child's softball eligibility is determined by her age on 12-31-201 7

Please check below what program you are interested in.

Fees Rag-Ball: 3 & 4 year olds \$25.00 per player _____

Fees Coaches Pitch: 5 & 6 year olds \$35.00 per player _____

Fees 8-U Machine Pitch: \$55.00 per player _____

Fees Fast Pitch Softball: \$75.00 per player _____

Fast Pitch: 10-Under _____ 12-Under _____ 14-16- Under _____

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).

Registration form are available on line, www.jonesboro.org or may be picked up at the Earl Bell Community Center 1212 South Church Street, Jonesboro AR 72401 between the hours of 9:00 A.M. and 9:00 P.M. Monday through Friday and Saturdays 12:00 P.M. TO 5:00P.M. (870) 933-4604. Mail or return completed forms to same address.

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: _____ Coaches always needed !!!!!

Parents, would you be interested in coaching? Full time _____ Part time _____

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: _____