

JOBL - Fall Ball Registration – GLORY SOFTBALL

Player's Name:			
Phone Number:		Birth date:	
E-mail address:			
Address:		City:	Zip:
Year's Experience:	Position(s) Played:		
2008 Spring League & Division:			
Parent/Guardian:		Home Phone:	
		Cell Phone:	
Emergency Contact:		Phone Number:	

I would be interested	Managing <input type="checkbox"/>	Coaching <input type="checkbox"/>
<p>I/we, as parents(s)/guardians(s) of the above participant, hereby authorize the manager or coach of my child's team to consent to medical, surgical or dental examination/treatment as may be required in my/our absence.</p> <p>I/We hereby give my/our consent to the above-named to participate in the activities of JOBL and to release, indemnify and hold harmless JOBL, its officers, directors, agents, managers, coaches and league representatives from and against any and all liability, claims or causes of action for injury or damages to my/our child, myself/ourselves or others or to any property as a result of my/our child's participation in the activities of JOBL and for any claims based upon negligence, contract, breach of warranty, product defect or other legal theory. I/we hereby accept for myself/ourselves and my/our child(ren) the full risk and damage of any and all such injury which may result.</p>		
SIGNATURE OF PARENT OR GUARDIAN:		Date:
E-Mail address:		

Tee-shirt Size					
Youth	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	
Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	

For League Use Only:					
Amount Received	\$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	Date Rcvd	Rcvd By
Birth date Verified	<input type="checkbox"/> ID Card	<input type="checkbox"/> Birth Certificate	Fall Ball Division		

FEE: \$40 TO BE PAID AT TIME OF REGISTRATION (covers registration fee and Glory shirt)
 plus applicable tournament fees (cost of tournament entry fee divided by number of players participating)

Mail Registration to: JOBL Fall Ball
 1307 Easley Drive
 Clayton, California 94517

Make Check Payable to:
 JOBL