



2008 NJJBA FALL BASEBALL LEAGUE REGISTRATION/MEDICAL/RELEASE FORM

Registration Fee: **\$90.00** (\$110 after 08/16) per player (Kid Pitch), \$55 (\$75 after 08/16) per player (Machine Pitch)
Mail to: NJJBA, P.O. Box 740267, Arvada, CO 80006

****Registrations Due by August 16, 2008****

Player's Name: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ Second/Cell Phone: _____ DOB: _____
Player's Mother: _____ Phone: _____
Player's Father: _____ Phone: _____
Primary E-Mail Address: _____ 2nd E-Mail: _____

What team did you play for in the Spring-2008? Age _____ Area _____
Team _____ Coach _____ Level of Play _____

Fall Program: Machine Pitch Kid Pitch

Playing Age: _____ Date of Birth: _____ (**Playing AGE is the player's age on May 1, 2009**)

Special Request (Coach/Team/Player): _____

Shirt Size: YOUTH: S M L
ADULT: S M L XL XXL

In case of emergency, notify: (name, address and phone): _____
Known medical conditions, including allergies: _____
Hospital Preference: _____ Family Physician and phone: _____
Family Dentist and phone: _____

I hereby grant permission to managing personnel to authorize and obtain medical and/or dental care or treatment from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in Association or League activities away from home or at the other times when neither parent (or legal guardian(s) is available to authorize emergency treatment.

I, parent or legal guardian of the person listed above, hereby give permission and approval to his/her participation in any and all league activities during the current season. I understand there are risks of injury inherent to the sport of baseball. I assume all risks and hazards incidental to such participation including transportation to and from said activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless North Jefferson Junior Baseball Association and Jefferson County Junior Baseball League, the organizers, sponsors, supervisors, participants, and persons transporting the player to and from such activities for any claim arising out of the injury to the player. I also grant permission to the managing personnel to authorize and obtain medical and/or dental care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in Association or League activities away from home or at the other times when neither parent (or legal guardian(s)) is available to authorize emergency treatment. I fully understand that the North Jefferson Junior Baseball Association is not providing accident or health insurance for my child while participating in the upcoming baseball program. I fully understand that it is my responsibility to provide insurance coverage for my child. I further release the North Jefferson Junior Baseball Association, its officers, coaches, employees, and any other volunteer or paid worker from any and all liability due to illness or injuries of any type which may be sustained by my child while participating in the North Jefferson Junior Baseball Association program.

Signature; (Parent or Legal Guardian) _____
Relationship to Player: _____
Date: _____

Payment Information: (**Please include payment with this registration**) _____
 Mastercard Visa (VISA or Mastercard Only) Check# _____ Cash: _____

Credit Card Number: _____ Name on Card: _____ Exp Date: _____