

**JASPER-RIDGELAND YOUTH BASEBALL**  
A Member Organization of Dixie Youth Baseball

A \$20 "Uniform Rush Fee" will be added to Registration Fee if player is registered after Feb. 14TH



Sign-up locations:  
JOHN TILTON HOMES  
T. HEYWARD ACAD... Trish Bryan  
STEP OF FAITH ... Donna Carter

**2011 Player Registration Form**

**Player Information** (Please print and record name as it appears on birth certificate)

\_\_\_\_\_ SEX M / F  
*First Name*                      *Middle Name*                      *Last Name*                      *Suffix*  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ BIRTHDATE (MO/DA/YR) \_\_\_\_\_  
 AGE \_\_\_\_\_ GRADE \_\_\_\_\_ MEDICAL INFORMATION \_\_\_\_\_

**I am registering my child for the following league division** (check one):

- T-Ball (ages 5-6)       Softball (ages 9-12)       Youth Baseball (ages 9-10)       Dixie Boys Baseball (ages 13-14)  
 Machine Pitch (ages 7-8)       Softball (ages 13-15)       Youth Baseball (ages 11-12)

**\*\*May 1 is the cutoff date for all participant birthdates. MUST HAVE BIRTH CERTIFICATE.**

**Registration Fee of \$60.00** Paid by: ( ) Check # \_\_\_\_\_ ( ) Cash \$ \_\_\_\_\_ *Make check payable to JRYB.*

**Shirt Size:** (Check One) YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

**Do you have other children in JRYB?** YES NO (please circle one) If so, which division(s)? \_\_\_\_\_

**Father Information (or legal guardian)**

**Mother Information**

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
PHONE (h) _____ (cell) _____	PHONE (h) _____ (cell) _____
EMAIL _____	EMAIL _____

**I. In consideration of the 2011 season, I, Parent or Guardian, of the above named candidate for a position in above mentioned baseball or softball program, hereby give approval for his or her participation including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the boy/girl to and from activities, for any claim arising out of an injury to the boy/girl except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I also grant permission to managing personnel or other league representatives to authorize medical care from any licensed physician, hospital, or medical clinic should the boy/girl become ill, when neither parent is available to grant authorization for emergency treatment. I agree to return upon request equipment issued to the boy/girl in as good a condition as when received except for normal wear and tear. I will furnish a certified birth certificate of the above named candidate upon request by league officials.**

**II. CONCESSION STAND SUPPORT...**

\_\_\_\_\_ I agree to work in the **Concession Stand** on my team's assigned night **OR**  
 \_\_\_\_\_ I choose not to work in the Concession Stand and am contributing \$100 per child to waive that requirement.

**By signing below, I acknowledge that I have read and agree to Items I. and II. above.**

**X**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE