



# Jay Community Center

## 2018/19 Co-Ed

### **SOFTBALL**

Team Name: \_\_\_\_\_ Team Captain \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Team Color 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

(Each team is responsible to provide their numbered shirts)

**Team Fee per Season: \$150**  
**Each Team must have \$10 Cash Every Game to Pay Officials**  
**Games Played on Sunday Afternoons**

	Spring Season	Fall Season
<b>Deadline</b>	<b>4/27/19</b>	<b>8/5/18</b>
<b>Game Dates</b>	<b>5/5, 5/12, 5/19, 6/9, 6/16 &amp; 6/24</b>	<b>8/12, 8/19, 8/26, 9/9, 9/16 &amp; 9/23</b>

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**PARTICIPANT RELEASE:** As a participant of the Jay Community Center's 2018/19 Co-Ed Softball Leagues I agree to hold harmless and release the Center's, directors, sponsors, and officials from any and all liability related to this event. I hereby give my consent for the Jay Community Center to use my photograph and likeness to be used in its publications, including its website and social media. I release them from any expectation of confidentiality for the undersigned minor(s) children and myself and attest that I am the parent or legal guardian of the children listed above.

**Which Season Are you Registering For** (circle one):    **Spring**                      **Fall**

**\*\*Roster: Maximum of 16 Players Per Team. Each Player Must Sign Below Prior to Playing\*\***

	<u>Name</u>	<u>Signature</u>		<u>Name</u>	<u>Signature</u>
1	_____	_____	9	_____	_____
2	_____	_____	10	_____	_____
3	_____	_____	11	_____	_____
4	_____	_____	12	_____	_____
5	_____	_____	13	_____	_____
6	_____	_____	14	_____	_____
7	_____	_____	15	_____	_____
8	_____	_____	16	_____	_____

Office use only:

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check No. or Cash: \_\_\_\_\_ Employee: \_\_\_\_\_ Receipt #: \_\_\_\_\_