



Jay Community Center

2019 Co-Ed SOFTBALL

Team Name: _____ Team Captain _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

Team Color 1st Choice _____ 2nd Choice _____ 3rd 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
Deadline	4/27/19	8/19/19
Game Dates	5/5, 5/12, 5/19, 6/9, 6/16 & 6/24	8/24, 9/7, 9/14, 9/21, 9/28 & 10/5

PARTICIPANT RELEASE: As a participant of the Jay Community Center's 2019 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>
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 #: _____