



# Jay Community Center

## 2018 Spring 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: \$150 – Each team must have \$10 cash every game to pay officials.**

**Deadline: 4/20/18**

**Games Played on Sunday Afternoons**

**(5/6, 5/13, 5/20, 6/10, 6/17, 6/24)**

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PARTICIPANT RELEASE: As a participant of the Jay Community Center's 2018 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.

**Roster: Maximum of 16 players**

**\*\*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 _____	_____

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Office use only:

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

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