

East Jackson Youth League

2020 Baseball & Softball Registration

Sign Up Dates & Times: February 11th 5pm-7pm, February 13th 5pm-7pm, and February 17th 5pm-7pm. Sign ups will be held at EJE in the little gym.

You can also mail your signup and registration fee to 6741 Smith RD Jackson MI 49201- Must be signed up by Feb 24th to be able to participate in camps and tryouts. Must participate in tryouts to make a competitive team. Tryouts and camp dates will be posted by sign up dates and are for ages 9 to 14.

Player Name _____ **Birthdate** _____

School attending _____ Circle One: Male Female

Has this child ever played in the EJYL before? _____ Circle One: Yes No

What Division _____ Coach _____

Primary Contact

Parent/Guardian _____ Home # _____

Relationship _____ Mobile # _____

Address _____ Work # _____

City, State, Zip _____ Email _____

Secondary Contact

Parent/Guardian _____ Home # _____

Relationship _____ Mobile # _____

Work # _____

Are you available to Coach? Yes No Coach's Name _____

√	DIVISION	AGE	FEE	SHIRT SIZE	Total
				CIRCLE ONE	
				YOUTH / ADULT	
	Coach Pitch	8 U	\$30	S / M / L	
	Minor Boys	10 U	\$65	S / M / L	
	Minor Girls	10 U	\$65	S / M / L	
	Major Boys	12 U	\$80	S / M / L / -XL	
	Major Girls	12 U	\$80	S / M / L / -XL	
	Junior Girls	14 U	\$100	S / M / L / -XL	
	Koufax Boys	14 U	\$100	S / M / L / XL	

Circle One- Paid by CASH CHECK CK#

**East Jackson Youth League Emergency Waiver
Please Read Carefully- This Must Be Signed**

Child/Participant Name: _____

Emergency Authorization

I, the Undersigned, parent or legal guardian of the participant, a minor, hereby authorizes the coaches, assistant coaches, or parents of the team members acting in the capacity of activity supervisors, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of Emergency, I hereby authorize treatment and/or care to any hospital. If there is an emergency and I cannot be reached, please contact:

Emergency Contact

Name _____ Home # _____

Relationship _____ Mobile # _____

Address _____ Work # _____

City, State, Zip _____

Family Doctor

Doctor Name _____ Phone # _____

Allergies- List All

Current Medications

Waiver of Liability Disclaimer

I, the parent or legal guardian of the above named individual, acknowledge that the participation in athletic events necessarily involves risk of personal injury. I further acknowledge that the East Jackson Youth League is primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the program, I hereby release, discharge and hold harmless, the East Jackson Youth League and East Jackson Community Schools, its volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the East Jackson Youth League or East Jackson Community Schools sponsored events, including physical injury caused by negligence of any official, referee, or coach while performing his/her duties during any practices or games.

Parent's Name (Print) _____

Parent's Signature _____

**Thank You
Lisa Hendricks**

