

Fall League 2016 Registration Form



Prices: Individual-\$175, Full team-\$155 per player (11 or more players, one check),

1. Print form at www.jasonthompsonbaseball.com and mail to Jason Thompson Baseball, 2740 Auburn Road, Auburn Hills, MI 48326
2. Call 248-853-2255 to pay over the phone

Player's Name: _____

Birth Date: ____ / ____ / ____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ **Email:** _____

T-shirt size (circle one) Youth S_ M_ L_ XL_ Adult S_ M_ L_ XL_ XXL_ ,

Positions Played in 2013 _____ Last Team Played on _____

Emergency Contact: (please print name) _____ Phone: _____

Health/Medical Information: (if player should be restricted from any activity, please note)

Please identify and medical or physical conditions or history that would require special attention:

Parents: are you willing to be a volunteer coach? Yes _____ No _____

PAYMENT INFORMATION: Method of payment (check one) Visa ____ MasterCard ____ Personal Check ____

If applicable, Credit Card # _____ Expiration ____/____ 3-digit code on back _____

Name as it appears on the card (please print) _____ Total Charged _____

Authorizing signature _____ Date: ____/____/____

CONSENT AND WAIVER: The Undersigned hereby certifies that my child is physically able to participate in this Fall Baseball League. The Undersigned understands that Jason Thompson Baseball, Inc., its directors, coaches, staff and associates will not administer physical examinations and will rely solely upon the information shown on this form.

The Undersigned further understands and acknowledges that each participant will be engaging in activities that involve risk of serious injury including permanent disability and death and that severe social and economic losses may result not only from his or her own actions, inactions, or negligence, but from the actions, inactions, or negligence of others, as well as the rules of play, the condition of the premises or from any equipment used. The Undersigned knowingly and voluntarily assumes all such risk of injury and hereby voluntarily forever releases, holds harmless, discharges, waives and relinquishes any and all actions, causes of actions, or claims for personal injury or wrongful death occurring to his/her son/daughter, against Jason Thompson Baseball, Inc., its directors, coaches, staff, associates, affiliates, sponsors, and, if applicable, owners and lesser/lessees of the premises used to conduct the Fall Baseball League, arising out of his/her use of equipment and facilities or instruction.

The Undersigned authorizes Jason Thompson Baseball, Inc., its directors, coaches, staff and associates to act on my behalf according to their best judgment in any emergency requiring medical attention and gives permission for the named player to receive emergency medical treatment or hospitalization if necessary. Further, the Undersigned agrees to be financially responsible for any medical attention needed during the camp or resulting from an injury received at the Fall baseball League. The Undersigned's medical insurance shall be the insurance coverage for any medical treatment.

Parent or Legal Guardian: (print name and sign): _____

