

# Fall League 2017 Registration Form



**Prices: Individual-\$175, Full team-\$1650**

1. Print form at [www.jasonthompsonbaseball.com](http://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): \_\_\_\_\_

