

JACOBS ROAD ATHLETIC ASSOCIATION

[www.jacobsroadaa.com](http://www.jacobsroadaa.com)



**JACOBS JAGUARS**

BASEBALL REGISTRATION FORM 2011

JAA Fee	\$10
Bball Fee	\$75/130
Extra Items	_____
Tickets	_____
Total	_____
Chk #	_____ or Cash

PLAYER'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ ELEMENTARY SCHOOL BOUNDARY: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE (AS OF APRIL 30, 2011): \_\_\_\_\_

COPY OF BIRTH CERTIFICATE ON FILE WITH ASSOCIATION: YES: \_\_\_\_\_ NO: \_\_\_\_\_

PEE WEE / T-BALL:	_____	5-6 YEARS OLD	Coach Request _____
PINTO / SHETLAND:	_____	7-8 YEARS OLD	
MUSTANG /YEARLING:	_____	9-10 YEARS OLD	
BRONCO / PALOMINO	_____	11-12 YEARS OLD	
PONY / STALLION:	_____	13-14 YEARS OLD	
COLT:	_____	15-16 YEARS OLD	
SENIOR COLT:	_____	17-18 YEARS OLD (AGE AS OF April 31, 2011)	

**REGISTRATION FEE \$75 (Under 7) \$130 (8 and Up) Plus \$10 JAA Fee**

**After February 26<sup>th</sup>, 2011, a \$25.00 Late Fee Will Be Charged**

**This includes a complete uniform package: Shirt and Hat. (Pants, socks and belt are available for purchase.)**

There will be a \$15.00 returned check charge on any check deposited in the account of JAA and returned for any reason. Refund requests will only be considered prior to the first practice. Partial refunds for extenuating circumstances may be considered on an individual basis.

**Uniform Sizes** **Shirt:** Youth: \_\_\_\_\_ Adult: \_\_\_\_\_ **Hat:** Youth Size or Adult Size

Pants (\$16): Youth \_\_\_\_\_ Adult \_\_\_\_\_ Belt(\$4): Youth or Adult Socks(\$4): YXS, YS, AM, AL, or AXL

Name on Jersey: \_\_\_\_\_

Number Preference: 1<sup>st</sup> choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

I/we, the parent(s) or guardian(s) of the above named participant, do hereby give my/our approval to his/her participation in the baseball activities of the Jacobs Athletic Association, Inc. and agree to comply with the Articles, By-Laws, and Rules of the Association. I/we assume all risks and hazards incidental to such participation; including transportation to and from activities and do hereby release, absolve, indemnify, and hold harmless the Jacobs Athletic Association, Inc., the Chesterfield Baseball Clubs, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, from any claim arising out of injury to my/our child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Information: Federal Background Check Number: \_\_\_\_\_

Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Scorekeeper \_\_\_\_\_

All volunteers involved with JAA Baseball are required to obtain a Federal Background Check Number from Chesterfield County Parks and Recreation.