

Accepted By: _____ Fee Paid: _____

Cash _____ Credit Card _____ Check #: _____

Birth Certificate Verified and Copy Made: _____

Original: _____ Office: _____ Ballpark: _____

Jackson Youth Sports – Registration Form

Players First Name: _____ Middle Name: _____ Last Name: _____

D.O.B.: _____ Age as of May 1, 2020: _____ Male or Female (please circle one)
(Please check one of the following)

Pony League \$80

Player Shirt Size: _____

Parent/Guardian Information: **All fields are required**

Parent/Guardian Name: _____

Address, City, State, Zip: _____

Parent/Guardian email address: _____

Parent/Guardian Employer: _____

Parent/Guardian Phone Number# _____

Emergency Contact: _____ Phone# _____

*****A CERTIFIED BIRTH CERTIFICATE MUST BE FURNISHED AT TIME OF REGISTRATION*****

Medical Release: I parent/guardian of the above named child, with my signature below, hereby give approval to his/her participation in Jackson Ball Park, Inc. activities as a member of a league team. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless Jackson Ball Park, Inc., the local league organizations, the organizers, sponsors, supervisors, participants, and persons transporting the child to and from activities, for any claim arising out of injury to the child except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I also grant permission to managing and/or coaching personnel or other league or tournament from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by duly licensed physician should a child become ill or injured while participating in tournament activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

Allergies/illnesses: _____

The Town of Jackson has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the Town of Jackson chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and cost incurred through the setoff process, including fee charged by the Department of Revenue, the Municipal Association of South Carolina, and/or the Town of Jackson. If the Town of Jackson chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

*****Registration Fees will include: shirt, cap, and league expenses*****

FEE MUST BE PAID AT TIME OF REGISTRATION!

Parent/ Guardian Signature: _____

Date: _____