



City of Jonesboro Softball League



Registration Form

Softball eligibility is determined by her age on 1/1/2022

Please check below what program you are interested in.

Rag-Ball: 3 & 4 year old	\$30.00 per player	_____
Coaches Pitch: 5 & 6 year old	\$40.00 per player	_____
8U Coach Pitch	\$60.00 per player	_____
10U Fast Pitch	\$80.00 per player	_____
12U Fast Pitch	\$80.00 per player	_____

Payment should be attached to this form: Cash, Check, Money Order

(Scholarship Applications are available for students who need financial aid. Limit of \$140.00 per family.)

Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Name of School _____ Grade _____

Have you played softball before? (Yes or No) What Team _____

Are you already on a team? (Yes or No) What Team _____

Parents Name _____ Phone Number _____

Best way to contact you _____ Work Number _____

Email _____

Parents, would you be interested in coaching? Full Time _____ Part Time _____

Forms may be picked up and dropped off at Earl Bell Community Center, 1212 S. Church St., Jonesboro, AR 72401 between 9AM and 9PM Monday through Friday and Saturdays 12PM to 5PM. For more information please call Karla Marroquin at 870.882.5430.

PARTICIPANT AND SPECTATOR RULES

No abusive behavior toward a player, coach, umpire, or league coordinator will be tolerated. No abusive language or profanity directed at a player, coach, umpire, or league coordinator will be tolerated. Violators of these policies will be given one warning. If participants and spectators do not comply they will be removed from the venue.

I, the parent of the registrant a minor, agree that the registrant and I will abide by the rules of Jonesboro Parks and Recreation, its affiliated organizations, and sponsors. Recognizing the possibilities of physical injury associated with Softball and in consideration for the Parks and Recreation Department accepting the registrant for its Softball program and its activities. I hereby release, discharge, and/or indemnify the Parks and Recreation Department, its affiliated organizations, their sponsors, their employees, volunteers, and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also release my child's image in the form of a photograph or video to be used solely by Jonesboro Parks and Recreation for promotion of the program to the public through the media.

CONSENT FOR MEDICAL TREATMENT (MINOR): as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature _____ Date _____

Payment received: Date _____ Check _____ Cash _____ Receipt No. _____ Received by _____