## **JCRC 2023 TEE BALL REGISTRATION**

Child's Last Name						Date	_ <b>/</b> of Birth		-		
						Sex:		М		F	
Child's First Name											
Mailing Address						( Prima	ary Phor	ne			
						(	)_				
City		State	Zip	Code		Seco	ndary P	hone			
Father/Guardian (Ple	ease Print)	<del></del>				Mo	Mother/Guardian (Please Print)				
MAIL ADDRESS											
Circle age as of	May 1, 2023	<b>3:</b>	(4)	(5)	(6)	<b>(7)</b>					
											but wi
there siblings/relatives				eam, <u>if a</u>	age appr	opriate?	We can	not gua	rantee pl	acement	DG: 111
consideration being on	the same team	n if possi	ble.								out wii
	the same team	n if possi	ble.						rantee pl		
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consideration being on Name(s):	the same team	n if possi	ble.	L			Age(	s):			3XL
consideration being on Name(s):	TOUTH: XS 2-4	s 6-8 10	M D-12	L 14-16	ADUL	т: S	Age(	s):			
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Consideration being on Name(s):  WAIVER FOR PARTICIPANT AN In consideration of your accepting claims for damages I or my child any and all injuries suffered by mohotograph or image with or withcor public presentations, advertisin village of Jefferson, the Jefferson For the consideration stated abore	TOUTH: XS 2-4  Ing Experience  D/BY PARENT In my or my child's en may have against the my self or my child on ut my child's name, b g, publicity and prom Community Recreati ve, I further agree the and the Jefferson Con	S 6-8 10 e (this we try, I hereby e Village of Jany activity onth single an action relating to the control on Center hat in the event of the control of the	M D-12  ill hel  in, for my leffersor sponso nd in col g therete armless ent that creation of	L 14-16  Ip even  really these injunction who. I warrant of and from my child recently the second in	ADUL  teams):  ild, my heirs son Commu eig groups.  ith other pen t that I have n any and a epudiates or successors a	T: S  O  , executors, and the recommend of the recommend of the right to a liability of wattempts to and assigns, for	Age(  M  1  and adminion Center a reant and gits for any a authorize the hatever nate repudiate sor any and	strators, wand its representative these gind all purpose foregoing ture, which such releas all loss and	XL  3 aiver and releasentatives, roups the rigoses including uses and comay arise one, I will perside a damage occidents.	2XL  4+ ease any ansuccessors a pht to use mg, but not lin to hereby ag to or result fusonally inder	d all rights and assigr y or my c nited to, p ree to hol om such nnify and eby:
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## **EMERGENCY INFORMATION**

Parent Guardian Name:		Phone: _	
		Cell: _	
Alternate Contact Name:		Phone:	
Relationship:		Cell: _	
ALLERGIES:			
MEDICATIONS:			
DOCTOR'S NAME:		Phone: _	
If emergency treatment is red VILLAGE OF JEFFERSON a doctor most easily accessible Does your hospital/physician time for your child's safety ar	authorities use their owe? YES NO	n judgment in sending you	our child to the hospital or
If you checked "NO" to either staff to follow if the parent or	alternate contact cann		
*** PARTICIF	PANTS MUST PROVID	DE HIS/HER OWN INSUF	RANCE ***
	CHILD PICK-UP		
The following people have m NAME 1	ADDRESS	PHONE	_
2			
3			
4			
SIGNATURE:Parent or	Guardian	D	OATE: