

# 2010 Wilson Junior Baseball Registration

## **Deadline:**

Registration must be received by February 26 to guarantee a spot at the tryout. Walk-in registration will be taken also.

## **Player Eligibility:**

Players must be 13 or 14 on 8/1/2010.

## **Evaluations:**

March 1 at 4:30 to 6:30 in the Jackson Middle School gym.

## **Team Selection:**

Players will be placed on teams based on the evaluations by coaches. Notification will occur by March 3.

Unlike Little League, JBO is divided into both age levels and ability levels. Players will be placed on teams with players of similar ability.

## **Schedule:**

Practices usually begin in March at the discretion of the coach. League games will begin around May 1st. The season ends between July 15 and 31.

## **Fees:**

The registration fee for 2010 is \$200. This does not cover uniforms. If we field a federal team the federal team only will pay an additional \$30 Extra Games Fee to cover the cost of the 3 to 4 additional games the federal team will play.

Refund Policy: No refunds are given on or after the first day of tryouts.

## **Other Information:**

[www.ccjba.org](http://www.ccjba.org) (Clackamas County Jr. Baseball)  
[Junior Baseball Organization](#)

## REGISTRATION FORM

**THE DEADLINE FOR PRE-REGISTRATION FORMS AND FEES IS FEBRUARY 18**

**Mail Registration Form Pages 2 & 3 and check to:**

**Wilson Junior Baseball  
11639 SW 28<sup>th</sup> Place  
Portland, OR 97219**

Fees:               \$200 – uniforms are not included in this fee.  
                      FEDERAL TEAM ONLY-\$30 Extra Game Fee to be collected at a later time.

Player Name: \_\_\_\_\_

School attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Player's Address: \_\_\_\_\_

Player's Birth Date: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

Other Phone: Cell Work: \_\_\_\_\_

Parent email: \_\_\_\_\_

2<sup>nd</sup> email (optional) \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

Other Phone  Cell or  Work: \_\_\_\_\_

Parent email: \_\_\_\_\_

2<sup>nd</sup> email (optional) \_\_\_\_\_

### CONSENT AND RELEASE OF LIABILITY

1. Junior baseball does not limit participation in its activities on the basis of disability. Participation in Junior Baseball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. By signing, I am certifying that my child meets these requirements and does not require accommodation.
2. I/We acknowledge that certain aspects of baseball are inherently dangerous and can result in serious injury including, but not limited to, being hit by a thrown or batted ball, being hit by a swinging bat, collision with other players, and injuries from running or sliding. Notwithstanding my acknowledgment of these inherent risks, as parent/guardian of the registered player, I consent to his/her participation in the Wilson Junior Baseball program.

3. I/We, the parents or guardian of the above-named candidate for a position on a Junior Baseball team, hereby give approval to participate in any and all Junior Baseball activities, including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Junior Baseball of Oregon, Wilson Junior Baseball, and, with respect to both organizations their respective organizers, officers, board of directors, directors, managers, coaches, volunteers, and persons transporting my/our child for any other cause, except to the extent, and in the amount covered by, accident and liability insurance.
4. It is the intention of the above-named player and his/her parent or guardian by this instrument to exempt and relieve Junior Baseball of Oregon, Wilson Junior Baseball, and with respect to both organizations their respective organizers, officers, directors, board of directors, managers, coaches, volunteers, and any of its agents, servants or employees from any and all liability for personal injury, property damage, or wrongful death caused by negligence of the aforesaid.

Items 1, 2, 3 & 4:

Agreed by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by emergency personnel or duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well-being of my dependent.

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

Person to notify in case of emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_