



JACKSON FASTPITCH ASSOCIATION 2019 FALL REGISTRATION FORM

Player's Name: _____ Age As Of Jan. 1, 2019: _____

Street Address: _____

City, Zip: _____

Mother's (or Guardian's) Name: _____

Mother's Phone: _____ Mother's Email: _____

Father's (or Guardian's) Name: _____

Father's Phone: _____ Father's Email: _____

Parent Address (If Different From Above): _____

Did this player participate in JFA Spring, 2019? _____ If yes, coach's name: _____

Please place this player on the same team _____ Please assign this player to a new team _____

Uniform Number: _____ (if desired uniform # not available, coach will call you to get alternate#)

Please allow this player to be on the same team as: _____

**We will make every attempt to accommodate these requests, but can't guarantee all requests.

PARENT/GUARDIAN INVOLVEMENT: JFA needs parents and guardians who want to help their children be successful. Please consider one of the following:

Manager/Head Coach _____ Assistant Coach _____ JFA League Trustee _____

Name of Person able to volunteer: _____

INSTRUCTIONS: Complete this registration form in full. Complete the JFA Legal Release form in full. Mail this registration form, JFA Legal Release form, copy of player's birth certificate, and registration fee, to:

Checks made payable to **Jackson Fastpitch Association;** PO Box 35005 Canton, Ohio 44735

Registration Due no later than August 1, 2019.

REGISTRATION FEE: \$85 per player (10U-12U-14U) Family Maximum \$160

Questions or Concerns? Contact Carl Fadley, League President, at 330.806.7497 or cfadleyjr@gmail.com