

JUNCTION CITY ATHLETICS, INC.

P.O Box 151, Junction City, OR 97448

ACTIVITIES REGISTRATION FORM /INVOICE AGREEMENT

First

Last

Players Name _____

Home Address _____

City _____ State _____ Zip _____

Contact Phone _____ Alternate _____

School _____ Grade _____

Female / Male _____ Date Of Birth _____ Age _____

E-Mail Address _____

SPORTS PROGRAM REGISTERING FOR

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Tiny Tigers |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Other _____ | |

Shirt Size

- | | |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> Y-XSM | <input type="checkbox"/> A-Sm |
| <input type="checkbox"/> Y-Small | <input type="checkbox"/> A-Med |
| <input type="checkbox"/> Y-Med | <input type="checkbox"/> A-Lg |
| <input type="checkbox"/> Y-Lg | <input type="checkbox"/> A-Xl |
| <input type="checkbox"/> Y-XL | <input type="checkbox"/> A-2Xl |

Members of my family are willing to assist the program on a volunteer basis from time to time in the following areas

- | |
|--|
| <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Score Keeper |
| <input type="checkbox"/> Working on projects |
| <input type="checkbox"/> Other _____ |

Invoice Agreement Acknowledgement

I _____ agree that all fees Invoiced in this agreement will be paid in full by the end of the sport's season. If registration fee's owed are not paid in full by the end of the sport's season JCA will be unable to register your child for another sport until your account is paid off in full unless other arrangements are made with JCA Staff.

I have read, understand and agree to the terms of this agreement

Date _____

X _____

Office Use Only

Scholarship

Registration Fee \$ _____

Uniform Fee \$ _____

Total Due \$ _____

Amount Paid \$ _____

Invoiced \$ _____

Method of Payment

Check # _____

Credit Card

Cash

Invoice

Date Registered _____ By _____

Permission And Responsibility: I hereby grant my (our) Child permission to play in the activity listed on the face of this form and I (we) agree to be responsible for the uniform and equipment issued to my (our) child. I (we) further agree to return said equipment and / or uniform upon request in clean condition and if lost or destroyed due to my (our) negligence or that of the child to whom it was issued, I (we) agree to replace said item(s) at face value.

Liability Release: I (we) the parent(s) or legal guardian(s) of the above named participant do assume all risks and hazards incidental to the conduct of the activity; and I (we) do further hereby release, absolve, indemnify and hold harmless the organizer, supervisors, Junction City Athletics Inc, any and all of them, in case of personal injury. I (we) hereby waive all claims against the organizers, and / or Junction City Athletics, Inc (JCA) or any of the supervisors appointed by them. Additionally, I (we) understand that coaches, Organizers or JCA, Inc representatives are neither required nor expected to administer first aid and that first aid kits will NOT be provided by JCA.

Signature of Parent Or Legal Guardian _____ Date _____