

2024 Junction City Jr. Softball Registration

Player's Name _____

Date of Birth _____ Grade _____

Address _____

City/State/Zip _____

Parent/Guardian Name(s) _____

Cell Phone _____ Cell Phone _____

Jersey size _____

Preferred Jersey # (give 3 options) # _____ # _____ # _____

Medical Release

In case of an emergency, if family physician cannot be reached I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician _____ Phone _____

Address _____

City/State/Zip _____

Hospital Preference _____

Parent Insurance Company _____

Policy No. _____ Group ID # _____

If parent(s)/legal guardian(s) cannot be reached in case of an emergency, contact:

Name _____ Phone _____

Relationship to player _____

Please list any allergies/medical problems:

Authorized Parent/Guardian Signature