



Jay Community Center

2015 JCC Traveling Baseball Program

Boys 7-13 (U8, U9, U10, U11, U12, U13)

WHAT:

JCC Traveling Baseball
Outdoor Program for Boys
Ages 7-13

WHEN:

Games will be played on Saturday & Sunday
Afternoons

Cost: \$375.00 Registration Fee

(can be paid October, November, & January of 2015)

***Includes Jayhawk Uniform, Tournament Fees, Team Equipment, Tournament Insurance ***

**Participate in JCC Fundraiser
and Play For Free!
Forms & Info Available at JCC!!**

Important Dates:

Coaches Call Out: July 20th @ 5:30

Tryouts: Sunday August 16th

- 8u & 9u 12-1:15pm
- 10 & 11u 1:30 - 3:15
- 12u & 13u 3:30 - 5:15
(age cut off 5/1/16)

Roster Deadline: September 1, 2015

Benefits:

Practice Reservations at Jay Community Center
Tournament Insurance
Summer, Fall, and Winter Fundraisers
Coaches get \$50 off their registration (max 3 per team)
Multi Child Discount: \$50 off for two participants
Player Development with Mitch Waters

(Please cut along this line and return the lower portion to the Jay Community Center)

2015 JCC Traveling Baseball Registration Form

Name: _____ M/F _____ DOB _____ Age _____ Grade _____
(Date of Birth) (2015-2016)

Address: _____ City: _____ Zip: _____

Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Parent/Guardian: _____ Phone: _____ Email: _____

Other Emergency Contact: _____ Phone: _____

PARTICIPANT RELEASE: I hereby grant permission for my child to participate in the Jay Community Center Traveling Baseball program. Further, I agree to hold harmless & release the center, directors, officials, & coaches from any & all liability related to this program. JCC reserves the right to use photographs for any promotional material.

Parent/Guardian Signature: _____ Date: _____

Would you or a family member or a friend like to consider coaching? YES or NO

If Yes, what is the name (and best way to contact) of Prospective Coach (Name): _____

Home Phone: _____ Cell Phone: _____ Text: _____ Email: _____

Shirt size for coach (please circle one): AS AM AL AXL AXXL AXXXL AXXXXL



Office Use Only:

Fee Paid (Y/N) _____ Amount Paid _____ Date _____ Charge, Check, or Cash _____ Employee _____ Receipt # _____