

**LAKEWOOD JUNIOR BASEBALL ASSOCIATION
2010 LEVEL III REGISTRATION**

REGISTER ONLINE AT: www.LJBA.org

Level III Coach: _____

Player's Name: _____

Player's Birth Date (MM/DD/YY) ____/____/____ Player's Home Phone: _____

Player's Street Address: _____

Player's City and Zip: _____

Mother's Name: _____

Mother's Home Phone Number: _____ Cell Phone: _____

Mother's Work Phone Number: _____

Mother's E-mail: _____

Mother's Street, City and Zip: _____

Father's Name: _____

Father's Home Phone Number: _____ Cell Phone: _____

Father's Work Phone Number: _____

Father's E-mail: _____

Father's Street, City and Zip: _____

Registration Fees: \$150.00 due March 9th 2010

Checks payable to: Lakewood Junior Baseball Association (LJBA)

Credit/Debit card payment only available by registering online at www.LJBA.org

**Mail completed form and Payment to: LJBA
P.O. Box 150534
LAKEWOOD, CO 80215-0534**

For more information please contact: Kim Shotts, President, 303-727-9982 or Brent Souther, Registrar, 303-716-3714

RELEASE AND AUTHORIZATION

I/We the parent(s) or guardian(s) of the above named candidate for a position on a Lakewood Junior Baseball Association team, hereby give my/our approval to participate in any and all league activities. I/We understand that it is our responsibility to notify league officials of any change in medical conditions or concerns. I/We know that participation in baseball may result in serious injury or death and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the Lakewood Junior Baseball Association, Jefferson County Junior Baseball League, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We also grant permission to managing personnel to authorize and obtain medical and/or dental care or treatment from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in any Association or League activities when neither parent nor guardian is available to authorize emergency treatment.

I certify that the person listed above is eligible, under the above stated conditions, to participate in the Lakewood Junior Baseball Association Program. By signing below, you hereby agree to the "Release and Authorization".

Parent/Guardian Signature: _____ Date: _____