

Registration Form

J-Ball Sports, LLC Baseball Camps

Directed by Doane Head Baseball Coach, Jeremy Jorgensen

****Please bring your glove, bat, tennis shoes, Helmet & catchers gear (if nec.) with you to the camp****

*****On line registration available at www.J-BallSports.com*****

Or call

800-333-6263 Ext. 6744, or 308-350-0240, email: Jeremy.Jorgensen@doane.edu

Registration Form

Name _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ Date of Birth ____/____/____

Email Address _____ School _____

Grad Year _____ GPA _____ ACT/SAT _____ Height _____ Weight _____

Position _____ Bats/Throws ____/____ T-Shirt Size (circle one): S M L XL XXL

Check enclosed (payable to J-Ball Sports, LLC)

Please register on line at www.J-BallSports.com

or *Bring registration the day of camp, or mail to:* 1014 Boswell Ave. Suite 111, Crete, NE 68333

For more info contact Head Coach Jeremy Jorgensen: 308-350-0240 or jeremy.jorgensen@doane.edu

Consent/Waiver Form

Parent/Guardian Information

Full Name(s) _____

Full Address _____

Home Phone _____ Work/Cell Phone _____

Waiver/Medical Authorization

The undersigned, as the legal guardian of the above listed individual, hereby releases J-Ball Sports, LLC and Doane College, from any and all liability whatsoever resulting from injury or illness which may be incurred while attending the baseball camps or in traveling to or from the facility. Further, the undersigned, as legal guardian of the above registered individual, hereby authorizes and gives permission for a representative of either J-Ball Sports, LLC or Doane College to seek and authorize medical treatment in the event the undersigned cannot be reached or in the event an emergency exists such that authority from the undersigned cannot be obtained within a reasonable period of time. In connection therewith, the undersigned further authorizes a representative of J-Ball Sports, LLC or Doane College to take such action as is needed to obtain transportation services in the event that the above registered player is required to be transported to a medical facility or other location for treatment. If the above registered player has any specific physical condition(s) we should know about, please attach said information to this registration form.

Date: _____ Parent/Guardian signature: _____

Date: _____ Player/Student signature: _____

Health Insurance Information

Insurance Company _____

Group Policy Number _____

(If insurance information is not complete, participation will be disallowed.)

Emergency contact other than parent/guardian listed above

Name _____

Home Phone _____ Work Phone _____