

Jason's Dream Team Registration Form



Player's Full Name	
YEAR/SEASON	

Player Information

Gender	Male _____ Female _____	Age	
Players Disability			
Parent's or Gardians full name			

Address

Street					
City		State		Zip Code	

Contact Information

Home Phone	
Cell Phone	
Email	

Shirt Size (circle one)

Youth	S M L XL	
Adult	S M L XL 2XL	

Release Information

I hereby waive and release the supervisor and any volunteer from any and all liability for any injuries or illnesses inferred while playing.

Signature of parent or legal guardian		Date
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I also give permission for my child to be photographed for promotional support, newspaper, and other advertisements. **Yes** _____ **No** _____

Signature of parent or legal guardian		Date
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** This is a private league, not a school sponsored function.

Send Registration Forms to: Dennis Fish, 134 Pine Street, Swanzey, NH 03446
 Phone Number: 603-313-1208