

# HALEYVILLE DIXIE GIRLS SOFTBALL

## Registration Form

Registration Fees \$25.00

Make Checks Payable To Dixie Girls Softball Return To Neighborhood Facility Building

PLAYER \_\_\_\_\_ BORN \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MO. / DAY / YEAR)

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
\_\_\_\_\_

I DO HEREBY AGREE TO PLAY WITH ANY TEAM TO WHICH I AM ASSIGNED

PLAYER'S SIGNATURE \_\_\_\_\_

PLEASE CIRCLE CORRECT SHIRT SIZE

YOUTH S M L XL

ADULT S M L XL

DIXIE WILL NOT FURNISH PANTS.

PLEASE DO NOT PURCHASE PANTS UNTIL  
AFTER YOU ARE CONTACTED BY COACH

### PARENTAL AUTHORIZATION

I, PARENT OR GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR A POSITION IN ABOVE MENTIONED SOFTBALL PROGRAM, HEREBY GIVE APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL LEAGUE ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE PARENTAL OR LOCAL LEAGUE ORGANIZATION, THE ORGANIZERS, SPONSORS, PARTICIPANTS AND PERSONS TRANSPORTING THE CHILD TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO THE CHILD. I ALSO GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE CHILD BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR AT OTHER TIMES WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

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SIGNATURE OF PARENT OR GUARDIAN

RELATIONSHIP

DATE

**ALL NEW PLAYERS MUST INCLUDE A COPY OF BIRTH CERTIFICATE**

**Questions ?** Beth 269-6252 or Gary 486-0490