PARKS FIELD DIXIE YOUTH BASEBALL
Registration Form

****Please provide a copy of the player's birth certificate for age verification****

Player's Name: (AS IT APPEARS ON BIRTH CERTIFICATE – Complete Name) – not initials!

Last_____First_____Middle_____

Birth Date: Month _____Day_____ Year_____

Address: Street_____City_____Zip_____

Subdivision:_____ Email _____

Father's Name: LAST_____ FIRST_____

Mother's Name: LAST_____ FIRST_____

Phone Number: HOME_____WORK_____CELL_____

Did you play baseball last Spring? YES____ NO____ What team_____ Where_____

Are you interested in: Head Coach Assistant Coach Team Mom/Dad

Team Sponsor Other _____

Player's Shirt Size: (Please circle one) YOUTH: Small Medium Large

ADULT: Small Medium Large X-Large XX-Large

PARENT AUTHORIZATION: I, the parent or guardian of the above named candidate applying for a position in above mentioned baseball 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 the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of an injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. 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.

_____ _____ _____

Signature of Parent or Guardian **Relationship** **Date**

**********************OFFICIAL USE ONLY ************************

Amount Received $_____Check #_____ Cash_____ Received By_____

Birth Certificate: Received_____ AGE OF PLAYER_____

IMPORTANT! -------- Please read and sign back page!