

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 _____