

MOTLEY DIXIE YOUTH

2019 FALL BASEBALL

For ages 11-15, as of May 1, 2020



Player Information

Player's Full Name (first middle, last): _____

Birthdate: ____/____/____ Shirt Size: _____ Shirt Number: 1st Choice ____ 2nd Choice: ____ 3rd Choice: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies or Medical Conditions that may impact player's participation: _____

Parent/Guardian Information

Parent/Guardian 1:

Name: _____

Phone: _____

Email: _____

Areas I can help: (Circle Any That Apply)

Head Coach • Assistant Coach • Team Parent

Parent/Guardian 2:

Name: _____

Phone: _____

Email: _____

Areas I can help: (Circle Any That Apply)

Head Coach • Assistant Coach • Team Parent

Emergency Contact

Contact Name: _____ Phone: _____

Relationship to Player: _____

Terms and Conditions

I the parent/guardian of the above-named player, for a position on a Dixie league team, do hereby give my approval for the child to participate in any activities during the season. I assume all risks & 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 Motley Dixie League, , the organizers, board members, sponsors, supervisors, participants, and any persons transporting player to and from activities.

I give permission to Motley Dixie Youth to photograph myself, my players, and any other family members while participating in program events.

Signature: _____ **Date:** _____

\$60 REGISTRATION FEE PER PLAYER

Amount Paid: _____ **Check #** _____ **Cash** _____ **Credit Card** _____ **Sponsorship** _____

Received By: _____ **Date Paid:** _____

Motley Dixie Youth Use Only:

League Age: _____ **Division:** _____ **Coach:** _____