

# FALL BALL 2020

## REGISTRATION FORM-DIXIE YOUTH BASEBALL & SOFTBALL OF WEST MONROE, INC.

Player Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (\_\_\_\_\_)  
Last Name First Name MI Goes By

Address \_\_\_\_\_  
Street or Mailing Address City State, Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_  
Month / Day / Year

My **SON** will be \_\_\_\_\_ years old on or before April 30<sup>th</sup>, 2021.

My **DAUGHTER** will be \_\_\_\_\_ years old on or before Dec. 31<sup>st</sup>, 2020.

If you have siblings playing on a Dixie Youth or FASA Softball team, please indicate below:

Brother/Sister Name	Team	Playing Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PARENT/GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

Having been informed of the organization of the Dixie Youth Baseball of West Monroe, Inc. to provide supervised sport activities for children, I/We the parents of the above named candidate, do hereby give my/our approval of his/her participation in any and all of the activities during the current season. I/We do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from activities, I/we also understand the possibility that players and spectators may come into contact with someone who has or has had a respiratory illness including Covid-19, and I/We do further hereby release, absolve, indemnify and hold harmless Dixie Youth Baseball of West Monroe, Inc. the organizers, sponsor's, and the supervisors, any or all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsor's or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. We are in a position to furnish upon request, by League Officials, a certified copy of the birth certificate of the above-named candidate.

\_\_\_\_\_  
Parent/Guardian Signature Date

Please note the name of current accident/health insurance company or NONE

### PARENTAL INTERESTS (Please check below if you have an interest)

I am interested in being a Head Coach \_\_\_\_\_ I am interested in helping coach \_\_\_\_\_

I decline my child's photograph to be placed on [www.wmdixieyouth.com](http://www.wmdixieyouth.com) \_\_\_\_\_ (SIGNATURE)

