

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

Player Name _____ (_____)
Last Name First Name MI Goes By

Address _____
Street or Mailing Address City State, Zip

Home Phone _____ Cell Phone _____

Birth Date _____ School _____
Month/Day/Year

My SON will be _____ years old on or by April 30th OR My DAUGHTER will be _____ years old on or by April 30th

If you have brothers or sisters playing on a Dixie Youth, Dixie Softball, Dixie Boys, or Dixie Majors team, please indicate below:

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

PARENT/GUARDIAN INFORMATION

Father's Name _____ Home Phone _____

Employer _____ Work # _____ Cell # _____

Mother's Name _____ Home Phone _____

Employer _____ Work # _____ Cell # _____

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; and I/We do further hereby release, absolve, indemnify and hold harmless Dixie Youth Baseball of West Monroe, Inc., the organizers, sponsors, 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 sponsors 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 name of current accident/health insurance company or NONE

PARENTAL INTERESTS (please check below if you have an interest)

I am interested in coaching _____ I am interested in being a board member _____

I am interested in purchasing an advertising sign _____ I am interested in sponsoring a team _____

I decline my child's photograph to be placed on www.wmdixieyouth.com _____ (SIGNATURE)

Internal Use Only

Paid Cash _____ Check Number _____ Birth Certificate attached _____

Please mail this registration form to P.O. Box 862, West Monroe, LA 71294-0862 or bring it with you to registration.