

# SARDIS DIXIE YOUTH BASEBALL

- T-BALL
- COACH PITCH
- MINORS
- MAJORS
- BABE RUTH

<b>AGES</b>	
5-7	90.00
7-8	110.00
9-10	135.00
11-12	135.00
13-18	200.00

## PLAYER'S INFORMATION

Date / /

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ League Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Street: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### \*CAPITAL CONTRIBUTION

- \$25    \$50    \$75    Other

\*Capital contributions are used for long term field and facility improvements.

Thank you for your support.

## PARENT'S INFORMATION

Dad's Work #: \_\_\_\_\_

Dad's Home #: \_\_\_\_\_

Mom's Work #: \_\_\_\_\_

Mom's Home #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Mom's Name: \_\_\_\_\_

### FEES PAID

Contribution	\$ _____	METHOD OF PAYMENT
Season Fee	\$ _____	
Team Sponsorship	\$ _____	<input type="checkbox"/> Cash
Total Amount Due	\$ _____	<input type="checkbox"/> Check

### UNIFORM SIZE (Please circle correct size):

Shirt	Pants
Adult   S   M   L   XL	Adult   S   M   L   XL
Youth   XS   S   M   L   XL	Youth   XS   S   M   L   XL

**SARDIS DIXIE YOUTH BASEBALL** is supported solely by the parents of our association. It is necessary that each family contribute time to help us meet the needs of our program. All families will be asked to assist with the concession stand, picking up trash, and field maintenance.

## VOLUNTEER LIST:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Head Coach      | <input type="checkbox"/> Team Mother  | <input type="checkbox"/> Field Maintenance |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Score Keeper | <input type="checkbox"/> Other _____       |

## PARENTAL AUTHORIZATION

I, parent or guardian of the above named candidate for a position in the above mentioned baseball program, hereby give approval to his 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 player to and from activities, for any claim arising out of an injury to the player, 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 player 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.

I agree to return all equipment issued to me (except the uniform) in as good condition as it was when I received it less normal wear and tear. I will furnish a certified birth certificate of the above named candidate upon request by league officials.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date