Munford Parks & Recreation

Centennial Park

Dixie Youth Baseball Registration

Participants Last Name: _____ First Name: _____ MI: ____

Street Address: _____ City: _____ Zip: _____

Home #: _____ D.O.B.: _____/_____/_____Age as of May 1, 2010: _____
Proof of age is strongly recommended

Position Played Most Last Year (please circle): Infield Outfield Pitcher Catcher

Parent/Guardian: _____Day Phone: _____ Cell #:_____

Emergency Contact: _____ Day Phone: _____ Cell #:_____

Email: _____

Would Parent/Guardian like to volunteer at Centennial Park? _____

As parent/guardian, I would like to help with my child's team as a:
__Head Coach __Asst. Coach __Team Organizer
-All wanting to be a coach, asst. coach, and/or team organizer must also fill out a coach's form

Parental Guardian Authorization

In consideration of the acceptance of my application for the above activity, I hereby waive release and discharge any and all claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the City of Munford, its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I herby assume those risks. It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Munford Parks and Recreation Department provides no medical insurance for such treatment, and that the cost thereof will be at my expense.

_____

Signature of Parent/ Guardian Relationship Date

Registration Fee of $80.00 per child

Cash/Credit Card/Check #_____

Please Check One:

Shirt Size	( )AXL	( )AL	( )AM	( )AS	( )YL	( )YM	( )YS	( )YXS
Pant Size	( )AXL	( )AL	( )AM	( )AS	( )YL	( )YM	( )YS	( )YXS

Please Initial:

_____ I do hereby agree for my child to participate in the evaluation if offered.
_____ I understand that if I order the wrong size uniform, I will be responsible for the cost of an additional uniform to be ordered.
_____ I do hereby agree to play with any team which I am assigned for the 2010 season.
_____ I do hereby agree to abide by the City of Munford's code of conduct for participants of spectators: 2002-08-01 and all rules & regulations of Centennial Park.
_____ NO Refunds are available unless a doctor's note for medical reasons is presented **before** the uniforms are ordered. **No refunds under any circumstances once the uniforms have been ordered.**

A $20 late registration fee per family will be accessed if registration form is turned in after January 22nd