

Age Group: _____

Texarkana, Texas Dixie Baseball, Inc. 2021 Player Registration Form

Today's Date: _____

Player's FULL Name: _____
(As it appears on their birth certificate)

Date of Birth: _____ Age child will be on April 30, 2021: _____

What age group will your child be playing: T-ball 7-8 9-10 11-12 13-14

Parent/Guardian Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

School the player attends: _____ Grade: _____

Special notes:

Registration Fee of \$65 is due with the registration form.

*Per Texarkana, Texas Dixie Rules, there will be NO refunds after the tryouts have taken place.

*Registration forms WILL ONLY be accepted after February 6, 2021 for those age groups with openings.

*There will be a late fee of \$20 for registration forms after February 6, 2021.

AUTHORIZATION

I, parent or guardian of the above-named player, hereby give my approval for his/her participation in any and all league activities for the current season. I assume all risk and hazards incidental to such player, including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless the local association, sponsors, supervisors, coaches, players, umpires, and other league workers and volunteers, including those persons providing transportation, for any claim arising out of injury to the player. I further acknowledge that my child, myself, and other family members will abide by the rules of Dixie Baseball and by the local league rules of Texarkana, Texas Dixie Baseball, Inc.

I grant permission to managing personnel or other league representatives to authorize and also obtain medical care from any licensed physician, hospital, or medical clinic should my player become ill or injured, requiring immediate medical attention, while participating in league activities at any time when parents/guardians are not available to grant such authorization for emergency treatment.

I will furnish a birth certificate of my player to league officials. I also understand that until a birth certificate is received and the \$65.00 fee is paid, my child is not considered registered for a team.

Parent Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR BOARD USE ONLY

Fee Paid: _____ \$65.00 _____ \$85.00 (late)
Paid by: _____ Cash _____ Check # _____
Birth Certificate: _____ Yes, attached _____ No

Board Member Signature: _____ Date: _____