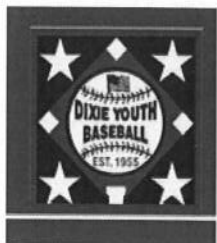


DIXIE YOUTH BASEBALL/SOFTBALL REGISTRATION FORM



Application, Birth Certificate and
Fees Deadline - February 24, 2023

**SIGN UP AT GRACEVILLE CITY HALL
MONDAY-FRIDAY 8AM - 4PM
FORMS AVAILABLE ONLINE AT WWW.CITYOFGRACEVILLE.COM**

Players Legal Name: _____
First Middle Last

Address: _____

Phone: _____ Work Phone: _____ Male/Female

Birthday: _____ Age: _____ Grade: _____

Uniform Size: Youth Small Youth Medium Youth Large Youth Ex-Large
Adult Small Adult Medium Adult Large Adult Ex-Large

Printed Name of Parent of Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Registration Fees

Tee Ball \$50.00 Baseball \$50.00 Softball \$50.00

Graceville Recreation Department Use

Birth Certificate _____ Medical Release _____ Code of Ethics _____

Registration Fee _____ Paid by Cash _____ Check No. _____

Received By _____ Date _____

League Assigned _____

Coach Assigned _____ Shirt Size: _____

DIXIE BOYS BASEBALL, INC.
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward _____ being allowed to participate in any way in the City of Graceville Dixie League Ball/City of Graceville Dixie Softball related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,

3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS City of Graceville, City of Graceville Dixie League Ball/City of Graceville Dixie Softball and Dixie Boys Baseball, Inc. its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

SEE NEXT PAGE FOR REQUIRED SIGNATURES

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward: _____
Name of Parent/Guardian: _____
Parent/Guardian Signature: _____
Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: _____
Signature of Child/Ward: _____
Date Signed: _____

FOR PARENTS/GUARDIANS SIGN BELOW:

IN ADDITION, I confirm that I have provided an accurate copy of a certified birth certificate or other acceptable proof of age to league officials on behalf of my child and my signature below also authorizes the following medical release for my child:

Medical Release - I grant permission to managing and/or coaching personnel or other league representatives or tournament officials to authorize and obtain medical care and treatment from any licensed physician (including physician's assistant or nurse practitioner), dentist, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should my child become ill or injured while participating in tournament activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. This authorization includes administration of first aid and transportation to and from a medical treatment facility. In addition, I will list any allergies or illnesses for which my child is being treated by medical doctor in the space provided below.

Player's Name _____
Parent's Signature _____
Allergies (Drugs or Other) _____
Illnesses Under MD Care _____