

BRUNSWICK COUNTY PARKS & RECREATION

Dates: January 4 Thru
March 5, 2010

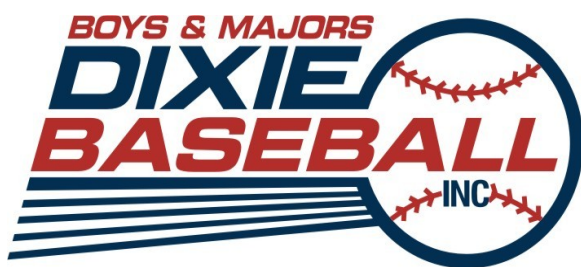
ANY PLAYER WHOSE 13TH
BIRTHDAY FALLS BEFORE MAY 1,
2010 AND ANY PLAYER WHOSE
15TH BIRTHDAY FALLS ON OR
AFTER MAY 1, 2010 IS ELIGIBLE
TO COMPETE.

NEED: COPY OF BIRTH
CERTIFICATE IS MANDATORY &
PARENT OR GUARDIAN TO
REGISTER

REGISTRATION FEE:

\$50.00

\$65.00 after March 5th



DIXIE BOYS BASEBALL REGISTRATION

Contact person: Brian Moore

Phone: (910) 253-2670

Brunswick County Parks & Recreation

Attn: Brian Moore

P.O. Box 249

Bolivia, North Carolina 28422

www.brunsko.net



Office Use Only

Paid

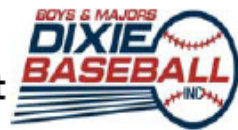
Birth Certificate

Receipt #



ATHLETIC REGISTRATION FORM

Brunswick County Parks & Recreation Department



NAME: _____ M/F: _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: _____ AGE: _____
(MONTH) (DAY) (YEAR)

MAILING ADDRESS: _____
(STREET or P.O. BOX)

(CITY) (ZIP)

PHONE: () _____ EMERGENCY: () _____

EMAIL: _____ @ _____ .

SCHOOL: _____ GRADE: _____ PREVIOUS TEAM: _____

PLEASE LIST ANY PHYSICAL PROBLEMS THAT MAY LIMIT PARTICIPATION:

(FORM MUST BE FILLED OUT COMPLETELY WITH BIRTH CERTIFICATE & FEE PAID TO BE ELIGIBLE)

IT IS NOT GUARANTEED THAT YOUR CHILD WILL BE ON THE SAME TEAM AS LAST YEAR.
THE MAXIMUM NUMBER OF 14 YEAR OLDS ON A TEAM IS 8. (THIS IS A DIXIE BASEBALL RULE.)

YOUR CHILD **MUST** PLAY DIXIE BOYS BASEBALL WHERE HE PLAYED DIXIE YOUTH BASEBALL. IF THERE IS NOT A TEAM FROM THAT LEAGUE, HE WILL BE ABLE TO PLAY FOR THE NEXT CLOSEST TEAM IN THE AREA.

AS A PARENT OR GUARDIAN, I GIVE MY CONSENT FOR THE ABOVE NAMED TO PARTICIPATE IN THIS ACTIVITY. I THEREFORE RELEASE BRUNSWICK COUNTY PARKS AND RECREATION, THE BRUNSWICK COUNTY YOUTH LEAGUE, ITS OFFICERS, EMPLOYEES OR AGENTS, FROM ANY AND ALL LIABILITY AND RESPONSIBILITY FOR ANY ILLNESS, INJURY, ACCIDENTAL DEATH OR DAMAGE TO PERSONAL PROPERTY SUSTAINED IN THE ABOVE ACTIVITY.

EQUIPMENT:

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/ physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote Brunswick County Dixie Baseball.

PARENT OR GUARDIAN

DATE

DIXIE YOUTH LEAGUE PLAYED FOR:

Leland Town Creek Southport-Oak Island Lockwood Folly Shallotte Waccamaw

Have You Moved? Yes No Where: _____

Do You Want To Play In New Location Where You Moved? Yes No