

BRUNSWICK COUNTY PARKS & RECREATION

Dates: January 4 thru February 26, 2010

Time: 8:30 a.m. till 5:00 p.m.
Monday thru Friday
Building M
Government Complex

DIXIE BELLES- 13-15 YEARS OLD

ANYONE WHOSE SIXTEENTH (16TH)
BIRTHDAY FALLS ON OR AFTER
JANUARY 1ST OF 2010 SHALL BE
ELIGIBLE TO COMPETE IN AND
COMPLETE THE CURRENT DIXIE
BELLES SEASON.

DIXIE DEBS- 16-19 YEARS OLD

ANYONE WHOSE NINETEENTH (19TH)
BIRTHDAY FALLS ON OR AFTER
JANUARY 1ST OF 2010 SHALL BE
ELIGIBLE TO COMPETE IN AND
COMPLETE THE CURRENT DIXIE DEBS
SEASON.

NEED:

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

BELLES & DEBS DIXIE SOFTBALL REGISTRATION

REGISTRATION FEE: \$50.00

Contact person: Brian Moore

Phone: (910) 253-2670

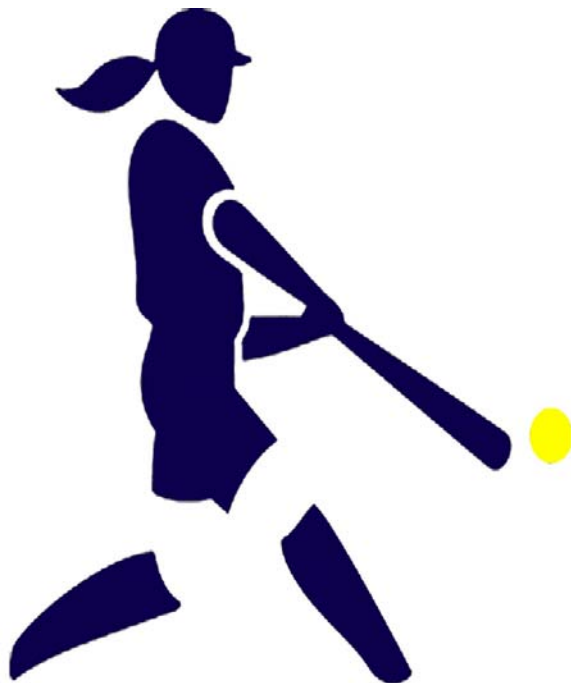
Brunswick County Parks & Recreation

Attn: Brian Moore

P.O. Box 249

Bolivia, North Carolina 28422

www.brunasco.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.

YOUR CHILD **MUST** PLAY DIXIE SOFTBALL WHERE SHE PLAYED DIXIE YOUTH SOFTBALL. IF THERE IS NOT A TEAM FROM THAT LEAGUE, SHE 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