REGISTRATION FORM – MARION COUNTY YOUTH BASEBALL / SOFTBALL/ TEEBALL PROGRAMS

Spring 2018 – Registration Fee:
$60 for Early Registration JAN 2nd – JAN 31st
$75 for Regular Registration FEB 1st – FEB 9th

PLAYER INFORMATION

Name: _____
First Last

Male ☐ Female ☐

AGE: _____ DATE OF BIRTH: _____
MM/DD/YYYY

MAILING ADDRESS:

_____

_____

We will assign teams based on final registration results. Team age requirements are based off Dixie Youth Organization Guidelines. A copy of the player's birth certificate is required for tournament participation. Please provide a copy if not on file with the Recreation Department.

UNIFORMS

The registration fee covers the cost of a shirt, hat, socks, and pants or shorts. Each player should bring his/her own glove and cleats or other acceptable athletic footwear.

Please choose youth or adult sizes

SHIRT SIZE: ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL

☐ AXS ☐ AS ☐ AM ☐ AL ☐ AXL

PREFERRED PLAYER #:_____ ALTERNATE #:_____

PANTS SIZE: ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL

☐ AXS ☐ AS ☐ AM ☐ AL ☐ AXL

MORE REGISTRATION INFO

If forms are turned in after February 9th, participants will be placed on a waiting list. Players will be placed on a team, if needed, by the Recreation Director. No one will be added to any roster after February 16th.

PLAYER MEDICAL INFORMATION

LIST ANY MEDICAL CONDITONS OR ALLERGIES:

_____

_____

_____

_____

Family Physician: _____

Hospital of Choice: _____
(Insurance Requirement)

If a child is injured prior to or during the season and has to be seen by a physician, the child will not be allowed to play until released by a physician in the form of a doctor's note stating the child can resume physical activity.

REGISTRATION LOCATIONS

*RECREATION DIRECTOR'S OFFICE @ THE OLD MIDDLE SCHOOL.

*PARTNER'S PROPANE

*OR ONLINE AT THE WEBSITE BELOW
http://marioncounty.website.siplay.com/

TOTAL AMOUNT DUE

Early Registration Fee:	Regular Registration Fee:
$60	$75

Circle One: Check # Cash

PARENT OR LEGAL GUARDIAN INFORMATION

Name: _____ Relationship: _____ Email: _____

PHONE #: _____ Parent Signature: _____

I, the undersigned, as parent or legal guardian of the above mentioned minor child, shall indemnify and say harmless Marion County and/or the coaches and/or personnel, including all court costs and attorney fees and judgment against Marion County and/or coaches and/or support personnel against all loss, costs and damages on account of injuries to the person of said wither while in the use of Marion County Recreational Facilities located in Marion County. This includes at any other place where any activity is taking place where said minor is participating or involved, but not limited to while said minor child is participating in activity away from Marion County in a field or facility of another adversary team or player.