

JEFFERSON DIXIE YOUTH -REGISTRATION

PLEASE PRINT

The name below will be as it appears on the individual's trophy, etc.

Players Full Birth Name: First: _____ **Middle:** _____ **Last:** _____
Male: _____ **Female:** _____
Birth day: _____ **Age:** _____ **Telephone:** _____
Address: _____
Parent/Guardian: _____ **School Child Attends:** _____

I, parent or guardian of the named participant/player on this document, hereby give approval to his/her participation in any and all league activities during the current season. I assume all hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and person transporting the boy/girl to and from activities, for any claim arising out of injury to the participant, except and in the amount covered by accident and or liability insurance held by the local league.

I also grant permission to managing personnel or league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the participant become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I will furnish a certified birth certificate of the named participant upon request by league officials.

I, parent/guardian also agree to abide by Jefferson Dixie Youth's Code of Ethics which I have read and have a copy of. I understand that not abiding by the Code of Ethics could result in I, as a parent/guardian, not being allowed to the games or practices of my child.

REGISTRATION FEES ARE NON-REFUNDABLE

Signature of parent/guardian			Relationship			Date			
Age Before-May 1st			Playing Age			AGE AS OF AUGUST 1ST			
BASEBALL						SOFTBALL (Girls only)			
Age	Division	Amount				Age	Division	Amount	
3 to 4	Wee Ball	\$55.00				5 to 6	Dixie Swee Tee	\$65.00	
5 to 6	A-Tee Ball	\$65.00				7 to 8	Dixie Darlings	\$65.00	
7 to 8	AA-Coach Pitch	\$65.00				9 to 10	Dixie Angels	\$65.00	
9 to 10	AAA-Minor League	\$65.00				11 to 12	DixiePonytails	\$65.00	
11 to 12	O-Zone	\$65.00				13 to 15	Dixie Belles	\$65.00	
13 to 14	Dixie Boys	\$65.00				16 to 19	Dixie Debs	\$65.00	
Player : Shirt Size: (Circle One):						Additional Player Shirt (\$10.00)			
Youth: XS S M L XL			Adult S M L XL XXL			Size:		QTY:	
Player: Pant Size: (Circle One):						Player: Hat/Visor (Size):		Additional Player Pants/Shorts:	
Youth: XS S M L XL			Adult: S M L XL XXL			Adult or Youth		Size: Qty:	
NOTE: BASEBALL PLAYERS (Coach Pitch/Minor/Major/Dixie Boys) WILL ONLY RECEIVE ONE PAIR OF OPEN BOTTOM PANTS FOR THE ENTIRE SEASON									
ADDITIONAL BASEBALL PANTS: \$20.00 YOUTH & ADULT SIZES									
ADULT/PARENT ORDER: (SHIRT-HAT/VISOR) (Put Quantity of item in appropriate box below)									
(Money due at registration)		Shirt Size:	S-\$12.00	M- \$12.00	L-\$12.00	XL-\$12.00	XXL-\$14.00	HAT- \$20.00	VISOR 15.00
PARENT SHIRTS:		QTY:							
PLEASE FILL OUT YEARS PLAYED									
Yrs played Wee Ball: _____			Yrs played Major League: _____			Yrs played Ponytails: _____			
Yrs played Tee Ball: _____			Yrs played Allstars: _____			Yrs played Belles: _____			
Yrs played Coach Pitch: _____			Yrs played Darlings: _____			Yrs played Allstars: _____			
Yrs played Minor League: _____			Yrs played Angels: _____			Yrs played SweeTee _____			

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name Of Minor Child/Ward participate in any way in the JEFFERSON DIXIE YOUTH related events and
activities, the Legal Name Of Your Sports Program, Ex: League Name undersigned acknowledges, appreciates,
and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the
potential for permanent disability and death, and while particular rules, equipment, and personal discipline may
reduce this risk, the risk of serious injury does 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's readiness for participation and/or in the program itself, I will remove my child 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 JEFFERSON DIXIE YOUTH;
(Legal Name Of Your Sports Program, Ex: League Name) 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, 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.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

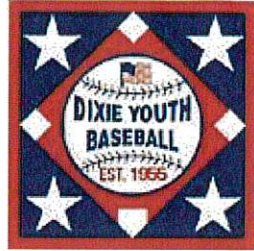
Date Signed: _____

UNDERSTANDING OR 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.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____



JEFFERSON DIXIE YOUTH

SUPPLEMENTAL INFORMED CONSENT Sport participants During COVID-19

- As with any transmissible disease such as the common cold or flu, you may be exposed to coronavirus at any time or any place.
- For sports held at Jefferson Recreation Park, we have taken measures to provide social distancing and require the wearing of face masks.
- For sports held outside of Jefferson Recreation Park we encourage the host team to provide social distancing and encourage the wearing of face masks.
- Due to the nature of playing sports, it may not always be possible to maintain social distancing or wear a mask
- Although exposure is unlikely, it could happen, just as exposure could occur at any other place –such as grocery store, restaurant, or at a friend’s house.

I understand the risk and still would like to participate in playing sports with the Jefferson Dixie Youth.

___ YES ___ NO

Player Name (Print)

Player Signature

Date

Parent/Legal Guardian Signature (if student is under 18)

Date