

LEXINGTON DIXIE BASEBALL 2010 SPRING REGISTRATION

Player Information – ONE FORM PER CHILD

Name – <u>EXACTLY</u> as shown on birth certificate		Date of birth	
Preferred name	Primary home address		
Home telephone	Is this also your mailing address?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If NO, please provide:			
Known allergies or physical handicaps			
Did this participant play Lexington Dixie Baseball in <u>SPRING, 2009</u> ?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
If "YES", please indicate which level played in <u>SPRING, 2009</u> : Team: _____ Coach: _____			
<input type="checkbox"/> T-Ball	<input type="checkbox"/> Coach's Pitch	<input type="checkbox"/> Minors	<input type="checkbox"/> Ozone
<input type="checkbox"/> Pony	<input type="checkbox"/> Colt		
Was this participant an All-Star for Lexington Dixie Baseball in <u>SPRING, 2009</u> ?		<input type="checkbox"/> NO	<input type="checkbox"/> YES

Will this player participate on a High School roster in <u>SPRING, 2010</u> ?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Will this player participate on a Travel Ball roster in <u>SPRING, 2010</u> ?		<input type="checkbox"/> NO	<input type="checkbox"/> YES

Parent / Contact Information

Father's name	Dad's cell #	Dad's work #	Dad's email
Mother's name	Mom's cell #	Mom's work #	Mom's email
Emergency contact name, other than parent		Relationship	Emergency contact telephone
Please indicate your interest in service:			
<input type="checkbox"/> Manager	<input type="checkbox"/> Assistant Manager	<input type="checkbox"/> Team Mom/Dad	<input type="checkbox"/> Scorekeeper

Disclaimers / Minor Waiver / Release – READ BEFORE SIGNING

Your email address will be used for LDB communication only. No personal information is shared with any other entity.

IN CONSIDERATION of my above-named child being allowed to participate in the Spring 2010 Lexington Dixie Baseball ("LDB") activities, I hereby certify that the information herein is correct, and I am giving approval for my child to participate in LDB, despite my understanding and appreciation of the inherent risk of injury incident to such physical activities. ON BEHALF OF MYSELF AND MY ABOVE-NAMED MINOR CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION, AND HEREBY RELEASE AND HOLD HARMLESS LDB, ITS DIRECTORS, OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, VOLUNTEERS, OTHER PARTICIPANTS, AND SPONSORS FROM LIABILITY ARISING OUT OF ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE OF ANY KIND, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, proximately resulting from my child's participation in LDB activities. I also give my permission for LDB officials to seek emergency medical treatment for my child.

** NOTE: LDB carries a secondary insurance policy on all players.

I understand that LDB has contracted with Youth Sports Live Broadcasting Network, LLC ("YSL") to photograph players and record, videotape, and reproduce local games and that these games may be available on a subscription basis through live or replay on-demand streaming internet broadcasts and in the form of digital video discs. I consent to the photographing, videotaping, and broadcasting of the above-named player while participating in LDB activities.

I HAVE READ THE FOREGOING WAIVER AND RELEASE, FULLY UNDERSTAND THE RISKS INHERENT IN MY CHILD'S PARTICIPATION IN LDB ACTIVITIES, AND SIGN THE RELEASE FREELEY AND VOLUNTARILY WITHOUT INDUCEMENT.

** Signature of Parent or Legal Guardian **	Date
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* FOR OFFICIAL USE ONLY *

Registration \$	NOTES:	Address verified	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Fundraiser \$		Birth certificate verified	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Clinic \$		~ copy attached	<input type="checkbox"/> NO	<input type="checkbox"/> YES
TOTAL \$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Board member _____	Date _____