



DIXIE BASKETBALL, INC
2018-2019 Player Registration

Returning: Yes No

Team: _____

Player's Name			
Address			
City	State	Zip Code	
Birth Date	Age as of September 1, 2018:		
Home Phone	Cell Phone:		
Email Address			
Parent 1 Name Printed	Parent 2 Name:		

Which League are you registering for (circle): 4 yr old Training League (5-6) Junior Varsity (7-9) Varsity (10-12)

Uniforms: Please circle your child's size. We will order uniforms based on size provided.

JERSEY SIZE: YS YM YL YXL AS AM AL AXL AXXL
 SHORT SIZE: YS YM YL YXL AS AM AL AXL AXXL

Release, Indemnification and Insurance:

I/We the parent(s) of the aforementioned candidate for a position on a Dixie team hereby give my/our approval to participate in any and all Dixie activities. I/We do hereby waive, release, absolve, indemnify and agree to defend and hold harmless the Dixie Board of Directors, individual members of the Board of Directors, League, organizers, sponsors, coaches, participants and person transporting my/our children to and from activities from any claim, loss, cost, damage or cause of action arising out of or any way associated with an injury to my/our child, whether as a result of negligence or for any other cause, except to the extent and in the amount covered by the accident or liability insurance. I/We, the undersigned, affirm that all information submitted on the registration is correct. I/We understand that any falsification or failure to follow the conditions herein above will result in my/our child being dismissed from his/her team and forfeiture of any fees paid.

Parent Responsibilities:

Dixie Basketball is a non-profit organization, run entirely by volunteers and can only continue to operate with the help of parents taking an active role in their child's activities. Myself and my child agree to abide by the League's By-Laws and Code of Conduct Rules.

Website:

I give my permission for my child's name and/or picture to appear on the league's website & Facebook page. YES NO

Signature of Parent or Guardian:	Date:
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Amount Paid: _____ **Cash** _____ **Check** _____ **Received by:** _____

Circle credit card type: Visa Mastercard Discover
Card No. _____ CCV# _____ Zip Code _____
Expiration Date: _____ Amount: _____ Signature: _____