

**Dixie League Baseball REGISTRATION  
TOWN OF KINGSTREE PARKS AND RECREATION**

Child's Name: \_\_\_\_\_

Child's Age (as of Sept. 1, 2018): \_\_\_\_\_ Gender (Circle) Male Female

Birth date: \_\_\_\_\_ **Shirt Size (Circle): YS YM YL AS AM AL AXL**

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Primary) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby grant permission for my child to take part in the Youth Dixie League Program sponsored by Town of Kingstree Parks and Recreation Department. I also agree, on behalf of myself or my child, not to make any claims of any kind against the Town of Kingstree Parks and Recreation Department or any of its employees or agents for any loss or injury that my child might sustain while engaged in the program. I authorize such physician or medical staff as the Town of Kingstree Parks and Recreation Department may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the well being of my child. (Initial) \_\_\_\_\_

I hereby grant permission to the Town of Kingstree, South Carolina, and its employees, agents, and assignees, the right to photograph my child or use their picture for purposes of advertising, publicity, trade, or otherwise, as still photographs, transparencies, motion pictures, television, web images, or other media or means of reproduction, transmission, or exhibition. I release the Town of Kingstree, its employees, agents, associates, successors, and assignees from any and all claims for damages or compensation for any claims based on the use or sale of said materials. I hereby waive the right to inspect, approve, or edit said material. (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

The participant agrees to listen, understand and follow all instructions and warnings from the instructor during the Program. The participant understands that following the instructions and warnings of the instructor reduces, but does not eliminate, the risk of injury.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS DOCUMENT IS AN ASSUMPTION OF RISK, WAIVER AND A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian