NELSON COUNTY DIXIE YOUTH BASEBALL

Nelson County Parks & Recreation

P.O. Box 442 Lovingston, VA 22949 PH: 434-263-7130 Fax: 434-263-6022

REGISTRATION FORM

PLEASE PRINT CLEARLY – Print name as listed on birth certificate!

_____ _____ _____ _____

Players Last Name Players First Name Players Full Middle Name Nickname (if used)

Birthday: _____/_____/_____ Age as of May 1: _____ Gender: __ Male __Female School: _____

Month day year

County of Residence: _____

911 Address (**physical address/not PO Box**): _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

MOTHER/GUARDIAN:_____ FATHER/GUARDIAN:_____

PHONE:_____ PHONE:_____

CELL PHONE:_____ CELL PHONE:_____

EMAIL: _____ EMAIL:_____

Baseball information will be sent to your email.

List SIBLINGS that are in the SAME AGE group: _____

We need volunteers, please circle where you can help:

1. COACH 2. ASSISTANT COACH 3. TEAM PARENT 4. UMPIRE 5. TEAM SPONSOR ($150)

*****In the event of illness or injury to my child, which in the judgment of the NCPRD/Dixie Youth staff & volunteers, requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad. I agree to be responsible for all expenses that arise out of such actions.

I, the parent or guardian of the above named child hereby give my approval to his/her participation in any and all Nelson County Dixie Youth Baseball activities during the current season. I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Nelson County Parks & Recreation, The County of Nelson, Nelson County Dixie Youth Baseball, the organizers, sponsors, supervisors, participants and persons transporting my son/daughter except to the extent in the amount covered by accident insurance. I understand that baseball is a dangerous sport and my child or legal dependent may sustain an injury that could cause permanent disability or death while participating in this sport.

*. ** NCDYB carries accident insurance on all players and volunteers through Sadler Insurance Company. This insurance coverage is secondary. You must first file any claim with your insurance company. After your insurance has paid or declined your claim, then you may file your claim with Sadler Insurance Company. If you have no insurance, you may file with Sadler Insurance Company as soon as you get the bills. Insurance forms can be requested at the concession stand. You should report any accident that requires medical attention to your team manager/coach as soon as possible.*

I give my permission for my child to be photographed. Pictures may be used for promotional purposes by NCPRD.

_____ _____

Parent/Guardian Signature Date

Primary Insurance: _____ Policy Holder: _____ Group # _____

OVER

MEDICAL INFORMATION & RELEASE

Player:_____ Birthdate:____/_____/____ Gender: M / F

Parent/Guardian name(s) & phone #'s are located on the front of this form

Parent/Guardian Authorization:

In case of emergency I hereby authorize my child to be treated and transported (if necessary) by Certified Emergency Personnel (i.e. EMT, First Responder, E/R/ Physician)

Family Physician: _____ Phone: _____

Address or Practice: _____

Hospital Preference: _____

In case of emergency contact: (If parent/guardian cannot be reached)

_____ _____ _____

Name Phone Relationship

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dose
_____	_____	_____	_____
_____	_____	_____	_____

Date of last Tetanus Booster: _____

The purpose of the above listed information is to ensure medical personnel have details of any medical condition which may interfere with or alter treatment.

I have read the releases above and agree to the conditions stated and I verify that the medical information is correct.

_____ _____

Authorized Parent/Guardian Signature Date

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.
Dixie Youth/NCPRD does not limit participation in its activities on basis of disability, race, color, national origin, gender, sexual preference, or religious preference

Did this child play Nelson County baseball last year? ___ Yes ___ No

If yes, Team name: _____ Coach:_____

UNIFORMS

SHIRT SIZE: ____ Youth Small (6/8) ____ Adult Small ____ Adult X Large

____ Youth Medium (10/12) ____ Adult Medium ____ Adult XX Large

____ Youth Large (14/16) ____ Adult Large

HAT: ____ Youth Hat ____ Adult Hat

SOCKS: ____ Youth (12-5) ____ Men's Small (7-9) ____ Men's Large (9-12)

**XXXX