

Dixie Little League Player Application



Sibling #____of

7302 Keller Street • Houston, Texas 77012 • www.eteamz.com/dixiellb•dixiell@hotmail.com

PARENTS/ GUARDIANS: Please print and return this form with payment.

Player's Name		I	Date of Birth (MM/DD/YYYY)				
Male Female	My child	My child will participate in: Baseball 🗌 Softball 🗆					
Street Address			Zip	Home Phone #			
Zoned to Dixie: Yes 🗌 No	Attends School in	Zone? Yes 🗌 No 🗌	School	Name:			
Home Zone:	Waiver S	ubmitted? Yes 🗌 No 🗍	andian 2				
Parent/Guardian 1 Parent/Guardian 2 Phone							
Phone							
Email		Email					
Willing to: Coach	Asst Coach 🗌 Team Mom 🗌	Other Are you w	villing to:	Coach Asst Coach Team Mom Other			
Uniform SHI	NOTE:		<u>Media Release</u>				
☐ YOUTH X-SMALL	ADULT SMALL	DO NOT check off	I hereby grant permission to Dixie Little League to photograph/interview my child. It is my understanding that this photograph/interview or portions thereof will be used for public view. I agree to participate in this project without financial remuneration, and I understand that this releases Dixie Little League photographers and interviewers from any				
U YOUTH SMALL	ADULT MEDIUM	a uniform size until you have seen					
☐ YOUTH MEDIUM	ADULT LARGE	the sample sizes at					
U YOUTH LARGE	ADULT XL	the concession					
VOUTH X-LARGE	ADULT 2XL	stand.	claims as well as from any liability arising from the said photograph/interview.				
			•	Signature:			

Please indicate any physical limitations (allergies, hearing, sight, etc.)

Name of Insurance Carrier_____

Hospital Preference (in case of emergency)

1.I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities. Initials:

2.I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. Initials:

3. I/We agree that in applying for Dixie Little League. I/WE understand the league is a non-profit, all VOLUNTEER organization that depends on its members to help perform the many tasks needed for a successful program. Accordingly, I/WE agree to help with Fundraising and Concession Stand. Failure to participate in FUNDRAISERS or Concession Stand may result in \$50.00 fine. Initials:

4.I/We as a Parent/Guardian agree to complete a minimum of 6 hours of Concession Stand Duty per child throughout the season. This includes helping to keep our Park clean (Restrooms, Dugouts, Etc.) No one under the age of 18 years old is allowed in the Concession Stand. Failure to do so may be subject to Fine, No Fundraising Benefits, or No Trophy. Initials:

5. I/We agree IF I/We are going to volunteer as a Coach or Assistant Coach I/We must complete a minimum of 10 hours of Field Maintenance throughout the season. Failure to do so may be subject to Fine, Loss of Game or Game Suspension per Coach or Assistant Coach that does not comply. Initials:

6.I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League. and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee. Initials:

7. I/We will furnish a certified birth certificate of the above-named candidate to League upon submitting registration form. (Parent volunteers should also provide a valid TDL) Initials:_____

Parent/Guardian Signature:

FOR LEAGUE USE ONLY							
		Baseb		Softball			
Balance:	Birth Certificate	□ □ TB 4	□ TB 5/6	7-9 Pixies			
Amount Paid:	Proof of Residency	Coach Pitch (7/8)	☐ Minors (9/10)	10-12 Majors			
Balance Due:	TDL	□ □ Majors (11/12)	☐ Juniors (13/14)	13-16 Seniors			
Receipt #:	League Age:	Seniors (15/16)					
Cash Credit Online Check #	Team:			Initials:			