

ATOKA DIXIE GIRLS SOFTBALL REGISTRATION FORM

Please select age group below based on age of child on or after **January 1, 2017**

_____	_____
4-6 year olds - Sweetees (6U)	11-12 year olds - Ponytails (12U)
_____	_____
7-8 year olds - Darlings (8U)	13-15 year olds - Belles (15U)
_____	_____
9-10 year olds - Angels (10U)	16-18 year olds - Debs (18U)

Player Information: (Birth Certificate required to play)

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ Email Address: _____

Street Address/City/State/Zip: _____

Mother's Name: _____ 1st Point of Contact: Yes / No

Mother's Cell Phone: _____ Mother's Home Phone: _____

Father's Name: _____ 1st Point of Contact: Yes / No

Father's Cell Phone: _____ Father's Home Phone: _____

Has the registrant played softball before? Yes / No If yes, how many seasons? _____

Does your child play for a TSSAA team? Yes / No If yes, what school? _____

Will your child be trying out for a TSSAA team this Spring? If yes, what school? _____

Will you child be interested in pitching? Yes / No If yes, How many seasons? _____

Has your child ever played *Pitcher Position* before? Yes / No If yes, How many seasons? _____

Has your child ever played *Catcher Position* before? Yes / No If yes, How many seasons? _____

Does the player have any health problems? No ___ Yes - Explain _____
(Initial)

_____ I do hereby agree that my child will play with assigned team for the season.

_____ There will be no refunds once the draft has taken place.

_____ Game times are 6:00PM and 7:30PM. I agree to play at these times.

_____ All-Star commitments are May - August. I agree to these dates if my child is chosen for All-Stars

_____ I understand that photos may be taken by spectators and possibly posted on social media

Circle One -> Shirt Size: Youth XS Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL

Desired Jersey# _____ (NO Guarantees) _____ Interested in Coaching: Yes / No

Parental Release

The above information is correct to the best of my knowledge. Permission is granted for my child to participate in the Atoka Dixie Girls Softball League and I (parent/guardian) will be responsible for any injury that does occur to my child and any medical attention if required. I will hold harmless the City of Atoka, Atoka Dixie Girls Softball, Administrators, Officials, Coaches, Players and any other person associated with these organizations. My child has permission to participate in any and all functions associated with the Atoka Dixie Girls Softball.

Parent/Guardian Signature: _____ Date: _____

Provide Sponsorship Support: YES NO Company Name: _____

Check# _____ Cash _____ Amount \$ _____ Rec. By _____ Date _____