

# MAIL-IN REGISTRATION FORM

## LOOKOUT MOUNTAIN DIXIE BASEBALL / SOFTBALL

To ensure that your child is signed up for baseball / softball\*, please submit this form and with a check payable to RECREATION ACTIVITIES for \$50 participant fee (\$40 for three or more children) to the address at the bottom of this form **by February 28**. After February 28, registrants will be subject to a \$75 per participant enrollment fee. Practice begins around the third week of March.

There will be sign ups on February 21 and 28 (Saturdays) from 9a-12p at the Lookout Mtn. School gym and Fairyland School gym (28th ONLY). For more information, please call (423) 821-6212.

\*Softball is for girls ages 7-10, girls ages 5-6 play baseball

### Child Information

Birth Certificate Name	
Residence Address	
Date of Birth	
Age †	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

† child's age as of 5/1/2009 for baseball; 1/1/2009 for softball

### Parent/Guardian Information

	Mother's Information	Father's Information
Name		
Home #		
Work #		
Fax #		
Mobile #		
Email Address		
Coaching Interest	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach

### AUTHORIZATION FOR MEDICAL TREATMENT & RELEASE AND INDEMNIFICATION AGREEMENT

I, parent or guardian of the above named child, hereby give approval to the child's participation in any and all league activities in the above mentioned sports program. I assume all risks and hazards incidental to such participation, including but not limited to transportation to and from said activities and do hereby waive and release all parents, coaches, supervisors, organizers, sponsors, participants, and league organizations from any and all claims arising out of an injury to the child, except to the extent and in the amount covered by accident and/or liability insurance maintained by the league.

I further agree to indemnify and to hold harmless all parents, coaches, supervisors, organizers, sponsors, participants, and league organizations from any and all demands, claims, and causes of action which may hereafter be asserted or brought against them by us or anyone else on our behalf claiming through us in contravention of the terms of this release.

I hereby grant league representatives permission to authorize and to obtain medical care from any licensed physician, hospital, or medical clinic should my child become ill or injured while participating in the league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I agree to furnish a certified birth certificate of the above-named candidate upon request by league officials.

I agree to return upon request all uniforms and equipment issued to the child in as good a condition as when received, except for normal wear and tear, or to pay such costs assessed by the league for its replacement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Make checks payable to: "Recreation Activities" P.O. Box 344, Lookout Mountain, TN 37350**

For more information, call 423-821-6212 or visit  
[www.LookoutMountainBaseball.com](http://www.LookoutMountainBaseball.com)