

**RECREATION ACTIVITIES
P.O. Box 344, Lookout Mountain, TN 37350**

LOOKOUT MOUNTAIN DIXIE BASEBALL OR SOFTBALL REGISTRATION FORM

This year we are going to make the registration process a little easier by allowing you to **register by mail**. In order to ensure your child is signed up for baseball or softball*, please complete the registration form and return with a check to **RECREATION ACTIVITIES** for **\$50** (participant fee) and **\$40 for three or more** children to the **address at the top of the form**. There will be a sign up on **Saturday, February 20th and 27th from 9 am – 12 noon** in the **Lookout Mtn. School gym**. Registration forms need to be **received no later than February 29**. Individuals registering after February 29 will be subject to a **\$60 per participant** enrollment fee – so register early. For information call 821-6212. ***(Softball is for girls ages 7 – 10, girls ages 5-6 play baseball)**. **PRACTICE WILL BEGIN AROUND THE THIRD WEEK OF MARCH.**

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CHILD'S BIRTH CERTIFICATE NAME

RESIDENCE ADDRESS

DATE OF BIRTH

M__F__

age as of 5/1/10 (baseball);age as of 1/1/10(softball)

MOTHER'S NAME

HOME #

WORK #

FAX #

EMAIL ADDRESS

FATHER'S NAME

HOME #

WORK #

FAX #

EMAIL ADDRESS

WOULD LIKE TO BE A COACH _____ **ASST. COACH** _____

FATHER/MOTHER

.....
AUTHORIZATION FOR MEDICAL TREATMENT

and

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 league activities away from home, or at other times when nether 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 _____