

**SEARCY BASEBALL, INC.
2018 REGISTRATION FORM
Eligible playing ages are 4 – 14**

Full name **as it appears** on birth certificate

First	Middle (REQUIRED)	Last
Street: _____ City: _____ Zip: _____		
Sex: _____	Birth Date: ____ / ____ / ____	School: _____ Grade: _____
E-mail: _____		Doctor: _____
Dad's Name: _____		Main Phone Number: _____
Mom's Name: _____		Main Phone Number: _____
Emergency Contact: _____		Phone: _____ Relationship: _____

I am willing to: _____ **HEAD COACH** _____ **ASSISTANT COACH**

Coaching with: _____

CHOOSE ONE - AGES 9-14 (Players born between May 1, 2004 and April 30, 2009)

_____ NATIONAL LEAGUE - structured for the purely "recreational" player who wants the maximum amount of playing time with concentration on fundamentals. All participants are guaranteed to play approximately 50% of each game.

_____ AMERICAN LEAGUE - designed for the player who strives for a more competitive atmosphere. Teams are decided by a tryout process (attendance is mandatory), and players who are not selected in this League will be automatically included in the National League. This is a competitive league where equal playing time is a low priority. Participants are only guaranteed to play a minimum of one inning in the field and one time at bat.

Recognizing the possibility of physical injury associated with baseball and in consideration for Searcy Baseball, Inc. and Dixie Youth Baseball and its affiliates accepting the registrant for its baseball programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Searcy Baseball, Inc. and Dixie Youth, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Thereby I grant a duly authorized representative of the Searcy Baseball, Inc. permission to act as my surrogate for my child in the areas of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment for my child.

In consideration of my child's participation, I further agree to follow all rules set forth by Searcy Baseball, Inc. Failure to abide to said rules could subject myself and any fans watching my child to expulsion from the ballpark and/or terminate my child's participation.

Signature of Parent/Guardian: _____ Date: _____

Designated Family Member for Annual Meeting Vote: _____

For League Use Only: Paid _____ Check # _____ Shirt Size: _____ (YS, YM, YL, AS, AM, AL, AXL)

Registration Fee: \$95 for first child
\$75 each additional child

Division: _____ A / N Playing Age: _____ (Playing Age as of April 30, 2018)
Ages 4-14