

SweeTees: ____ (Ages 6 and under)
 Darlings: ____ (Ages 7-8)
 Angels: ____ (Ages 9-10)

REGISTRATION FORM
AUM Dixie Softball
P.O. Box 240654
Montgomery, AL 36124-0654
(334) 215-3555

Ponytails: ____ (Ages 11-12)
 Belles: ____ (Ages 13-15)
 Debs: ____ (Ages 16-18)

Player's full name: _____ **Player goes by:** _____
(must match birth certificate) (First) (Middle) (Last) (Nickname)

Player's address: _____ **Player's phone:** () _____ - _____
(Street) (City) (Zip)

Player's Subdivision: _____ **Player's School:** _____ **Player's Date of Birth:** ____/____/____
(where the player lives)

Player lives with (Circle One): Mother Father Both Other **Player's playing age:** _____
(Age on January 1, 2010)

Father's name: _____ **Home phone:** () _____ - _____
(First) (Middle) (Last)
Address (if different): _____ **Work phone:** () _____ - _____
(Street) (City) (Zip)
E-mail address: _____ **Cell phone:** () _____ - _____

Mother's name: _____ **Home phone:** () _____ - _____
(First) (Middle) (Last)
Address (if different): _____ **Work phone:** () _____ - _____
(Street) (City) (Zip)
E-mail address: _____ **Cell phone:** () _____ - _____

Additional/Other name: _____ **Home phone:** () _____ - _____
(First) (Middle) (Last)
Address (if different): _____ **Work phone:** () _____ - _____
(Street) (City) (Zip)
E-mail address: _____ **Cell phone:** () _____ - _____ **Relationship:** _____

Was player in AUM League last year? _____ If yes, what team? _____ Age group? _____
 If not, where? _____ If applicable, is player on a high school team? _____ Where? _____
 Does player have any special health problems? _____

PARENTAL AUTHORIZATION-PLEASE READ

I, parent or guardian of the above named candidate for a position in the AUM Dixie Baseball & Softball League, hereby give approval to her participation in any and all league activities during the current season. I assume all risks and hazards incidental to sports participation including transportation to and from the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent, AUM Dixie Baseball & Softball League, City of Montgomery, organizers, sponsors, supervisors, participants, and person transporting the player to and from activities, and any claim arising out of injury to the player.

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

I will furnish a certified birth certificate of the above named candidate upon request of league officials.

I DO HEREBY AGREE THAT MY CHILD WILL PLAY WITH ANY TEAM TO WHICH SHE IS ASSIGNED.

I WOULD LIKE TO VOLUNTEER TO (Circle all that apply): COACH ASSIST TEAM MOTHER SPONSOR

(Signature of Parent/Guardian) (Printed Name of Parent/Guardian) _____ /_____/_____
(Date)

OFFICIAL USE ONLY

Registration fee paid: \$ _____ Cash receipt number: _____ Check number: _____
 Date: ____/____/____ League official: _____ Concession Form signed? _____
 Does player have a brother _____ or Sister _____ at AUM? What age group? _____
 Birth Certificate checked? _____ Special notes: _____

Registration Fee:
 \$90 for 1st child
 \$70 for each additional child

IMPORTANT

PLEASE TAKE TIME TO READ AND UNDERSTAND!

THIS AFFECTS YOU!

Concessions are a vital part of our program. Proceeds from the concession stand are used to fund various aspects of our program: umpires, baseballs, softballs, team equipment, chalk, field equipment, and other important league costs (**mainly covers umpire fees**).

Parents will be required to work in the concession stand as needed during the **2009** season. Team Moms will be provided with a concession stand schedule and will be responsible for lining up workers for their team's slots. **NO ONE UNDER THE AGE OF 18 IN THE CONCESSION STANDS!**

IF YOUR TEAM DOES NOT FULFILL THEIR OBLIGATIONS REGARDING THE CONCESSION STAND, IT COULD RESULT IN A TEAM PENALTY DETERMINED BY AN AUM DIXIE BASEBALL OR SOFTBALL LEAGUE OFFICIAL.

PLEASE REVIEW AND SIGN THAT YOU HAVE READ AND FULLY UNDERSTAND.

Player's Name

Print Name(s) Date: ____/____/____

Sign Name(s) Date: ____/____/____

*Please note: at least one signature is required for your child's participation in the AUM Dixie Baseball or Softball League, but it is strongly recommended that both parents sign if applicable.