

# Montgomery County Dixie Softball - Spring 2024 Registration Form

Registrations must be turned in by February 18, 2024. Forms can be turned in at Troy Town Hall or can be mailed to: PO Box 147, Troy, NC 27371.

You can also register online at [www.MocoBall.com](http://www.MocoBall.com). Visit us on FB @MocoDixieSoftball.

Email: [MocoDixieSoftball@gmail.com](mailto:MocoDixieSoftball@gmail.com)

Player Name: \_\_\_\_\_ Name Called: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Division - Mark One: Age as of January 1 ____ Sweetees (6 and under) ____ Darlings (8 and under) ____ Angels (10 and under) ____ Ponytails (12 and under) ____ Belles (15 and under)
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Positions Played before (If 10U/Angles or Older, check all that apply)

Pitcher \_\_\_\_ Catcher \_\_\_\_ Infield \_\_\_\_ Outfield \_\_\_\_

Player is new to softball \_\_\_\_

Jersey: Size \_\_\_\_\_ Youth  Adult

3 choices for Jersey # \_\_\_\_\_

Name of siblings playing for the same age division: \_\_\_\_\_

Primary Contact

Secondary Contact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Texts OK?

Phone: \_\_\_\_\_ Texts OK?

Email: \_\_\_\_\_

Email: \_\_\_\_\_

- Allergies / Medical Conditions: \_\_\_\_\_
- Additional Notes: \_\_\_\_\_
- Player is responsible for providing the following items: Black pants, Facemask, Batting Helmet, Glove, Cleats, Equipment bag

## PARENTAL AUTHORIZATION

I, the parent or guardian of the above candidate, hereby give my approval to her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the league activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants, and persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. 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/legal guardian is available to grant authorization for emergency treatment. I agree to return upon request the uniform and other equipment issued to the player in good condition, except for normal wear and tear. I will furnish a certified birth certificate of the above-named player upon request by the league officials.

**I hereby agree to the Parental Authorization. I also hereby agree to play with any team, and any division to which my child is assigned for the Spring 2024 Season.**

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Registration is \$50 per player. Payments can be made via Cash/Check, or PayPal. Email address for PayPal is [MocoDixieSoftball@gmail.com](mailto:MocoDixieSoftball@gmail.com). If paying by PayPal, please be sure to note which player/s the payment is for. (\$60/Player after 2/18/23 if space allows)