

Check Amount \_\_\_\_\_ Cash Amount \_\_\_\_\_ Age Group \_\_\_\_\_  
Check Number \_\_\_\_\_ Board Member Initials \_\_\_\_\_

*For Office Use Only*

## Canton Dizzy Dean Baseball Spring Registration 2008

Did you play in this program last year? Yes  No  (Does not include Fall Ball)  
Circle One

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
Month Day Year Circle One

Player's Name \_\_\_\_\_  
Last First Middle Circle name called by)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(Please circle names and numbers to be called)

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Would either parent be interested in being a volunteer Coach or Manager?

Manager \_\_\_\_\_ 1<sup>st</sup> Coach \_\_\_\_\_ Coach \_\_\_\_\_ (Also please complete Coach's application)

I/We the parents of the above named candidate for a position on a Dizzy Dean team hereby give my/our approval to participate in any and all Dizzy Dean activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We do hereby release, absolve, indemnify and agree to hold harmless the local Dizzy Dean Baseball Association, the Organizers, Sponsors, Coaches, Supervisors, Participants and person transporting my/our child to and from activities for any claim arising out of an injury to my/our child, whether the result of negligence or for any other causes.

I/We will furnish a copy of a birth certificate of the above candidate to Dizzy Dean Baseball Officials.

**I/We understand that I/We, as parents are required to work in the Concession Stand when called upon to do so.**

**No refunds** will be issued after uniforms have been given out and the season begins unless a medical issue arises. In this case a refund less the cost of the uniform will be issued and only if less than 1/2 of the season has been played. There will be a \$10 cancellation fee for any refunds.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

I have examined this application and supporting proof of age document and find both to be in accordance with Dizzy Dean Rules and Regulations.

\_\_\_\_\_  
President

\_\_\_\_\_  
Date