

SOFTBALL REGISTRATION
GIRLS AGES 5-17
Website: <http://www.dyersburgtn.gov>

DYERSBURG ACTIVITY CENTER
1010 Recreation Drive
Dyersburg, TN 38024
(731) 288-7622 Fax (731) 286-4894
Email: abaker@dyersburgtn.gov

NAME _____ AGE _____ DATE OF BIRTH _____ FEMALE _____

PRIMARY PHONE _____ 2ND PHONE _____ SCHOOL _____ GRADE _____

HAVE YOU EVER PLAYED ANYWHERE? _____ SEASONS PLAYED _____ COACH OF TEAM ON LAST YEAR? _____

WOULD YOU LIKE THE SAME COACH? _____

Are you trying out for a school team? _____ Which school? _____

Do you have another child registered in this program? _____ age _____ name _____ FEMALE _____

SHIRT SIZE YOUTH SM MED LG EXLG **OR** SHIRT ADULT SM MED LG EXLG

PARENT/GUARDIAN INFORMATION

MOTHER _____ FATHER _____

HOME ADDRESS _____ Email: _____

EMPLOYER (MOTHER) _____ EMPLOYER (FATHER) _____

WOULD YOU LIKE TO COACH? _____ ASSIST. COACH? _____ OR BE A TEAM PARENT? _____

***All volunteer coaches and assistants will be cleared through a criminal background check before being allowed to coach or assist.

I the undersigned parent/guardian of: _____, do hereby consent and agree that the above named minor may participate in the Dyersburg Activity Center Softball Association. It is agreed that the named association or sponsor assumes no legal liability or other loss as a result of such participation. It is further understood that the Dyersburg Activity Center Softball Association has limited accident insurance to cover any injuries sustained while playing Softball at or for the Dyersburg Activity Center Softball Association under the supervision of a Dyersburg Activity Center Softball Association staff member.

DATE _____ PARENT LEGAL GUARDIAN SIGNATURE _____

REGISTRATION FEE: \$15.00 ID FEE: \$10.00 AMOUNT PAID _____

CASH () CHECK () CK. # _____ **REGISTRATION & ID FEES ARE NON-REFUNDABLE!!DATE PAID _____ EMPLOYEE _____ MEMBERSHIP ID# _____ DATE ID EXPIRES: _____