



**DINWIDDIE DIXIE GIRLS SOFTBALL
OFFICIAL SIGN-UP FORM FOR 2018 SPRING SEASON**

PARTICIPANT'S FULL NAME (PLEASE PRINT): _____

PARENT'S NAME (PLEASE PRINT) _____
LAST FIRST MIDDLE

STREET ADDRESS (NO P.O. BOXES) _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

PHONE NUMBER (HOME) _____ (WORK) _____

(CELL) _____ (EMAIL) _____

PARTICIPANT'S AGE AS OF *DECEMBER 31, 2017* - _____ BIRTHDATE: _____

ENTRY FEE - \$60.00 FEE PER PARTICIPANT (NON-REFUNDABLE)(FEES COVER SHIRTS, FEES, INSURANCE, UMPIRES, etc.)
MAKE CHECKS PAYABLE TO: DINWIDDIE DIXIE SOFTBALL, INC. (THERE WILL BE A \$25.00 FEE ON ALL RETURNED CHECKS.)

PARTICIPANT'S SHIRT SIZE: () YOUTH () SM () MED () LG
 () ADULT () SM () MED () LG () XL () XXL () XXXL

HAS THE PARTICIPANT PLAYED DIXIE SOFTBALL? _____ POSITION(S) PLAYED: _____

DOES THE PARTICIPANT PLAY TRAVEL SOFTBALL? _____

DOES THE PARTICIPANT HAVE ANY MEDICAL ISSUES THAT DIRECTORS AND COACHES SHOULD BE AWARE OF? _____ IF YES, THEN DESCRIBE: _____

THIS LEAGUE WILL BE GOVERNED BY DIXIE SOFTBALL, INC. AND WILL NOT DISCRIMINATE ON BASIS OF RACE, COLOR, OR CREED.

THIS IS A NON-PROFIT ORGANIZATION OPEN TO ALL GIRLS BETWEEN THE AGES OF 4 AND 19.

ALL PLAYERS MUST LIVE IN DINWIDDIE COUNTY OR WITHIN A DIXIE LEAGUE AREA THAT DOESN'T HAVE THEIR AGE GROUP.

****REQUIRED EQUIPMENT: All players must have their own helmet with face guard and chin strap, glove, and cleats. ****

IMPORTANT: FORMS ARE DUE NLT MARCH 3, 2018. ALL SIGN UP FORMS MUST BE SUBMITTED WITH PAYMENT. FORMS MAY BE MAILED TO DINWIDDIE DIXIE SOFTBALL ADDRESS BELOW OR TURNED IN ON **SATURDAY, MARCH 3, 2018, FROM 10:00 AM TO 2:00 PM AT THE EASTSIDE ENHANCEMENT CENTER - 7301 BOYDTON PLANK RD. N. DINWIDDIE, VA 23803. THERE MAY BE A LATE FEE CHARGED IF YOU SIGN UP AFTER THIS DATE.** **IT IS ANTICIPATED THAT PRACTICE WILL START ON/ABOUT MARCH 19, 2018 AND GAMES WILL BE SCHEDULED STARTING IN APRIL 2018.

IF YOU HAVE ANY INTEREST IN COACHING FOR DINWIDDIE DIXIE SOFTBALL, PLEASE CHECK THE COACH TYPE AND AGE DIVISION YOU WOULD BE MOST INTERESTED IN AND WRITE YOUR NAME AND PHONE NUMBER ON THE LINE. IF CHOSEN, COACHES WILL BE REQUIRED TO COMPLETE A COACH'S APPLICATION, ATTEND COACH'S MEETINGS, AND WILL BE SUBJECT TO A BACKGROUND CHECK. SELECTION OF COACHES ARE DETERMINED BY THE BOARD.

COACHING: HEAD () ASSISTANT () NAME /PHONE: _____
 DIVISIONS TO COACH: SWEETTES 4-6 () DARLINGS 7-8 () ANGELS 9-10 () PONYTAILS 11-12 () BELLES 13-15 () DEBS 16-19 ()

PLEASE BE AWARE THAT THERE ARE CERTAIN RISKS INVOLVED IN PARTICIPATING IN FAST-PITCH SOFTBALL. BY SIGNING BELOW, THE PARENT OR GUARDIAN RELEASES THE DIRECTORS OF DINWIDDIE DIXIE SOFTBALL AND THE COACHES FROM ANY LIABILITY. ALSO, BY SIGNING THIS FORM YOU AGREE TO OBSERVE GOOD SPORTSMANSHIP AND BEHAVIOR AT ALL TIMES AND REALIZE THAT YOU MAY LOSE YOUR AND THE PLAYER'S RIGHT TO PARTICIPATE IN THIS LEAGUE IF THESE RULES ARE VIOLATED.

SIGNATURE OF PARENT/GUARDIAN OR PLAYER(18+)

DATE

PLEASE MAIL THIS FORM WITH PAYMENT BY **MARCH 1, 2018** DIRECTLY TO:
DINWIDDIE DIXIE SOFTBALL, INC.
P.O. BOX 238 SUTHERLAND, VA 23885

SIGN-UP DAY: MARCH 3, 2018 AT EASTSIDE ENHANCEMENT CENTER FROM 10:00 A.M. UNTIL 2:00 P.M. CALL (804) 712-4336, IF YOU HAVE QUESTIONS.



For League Use Only:

Checked by: _____

Cash Check # _____

Name on Check: _____

Amount paid: _____