

**ALLEGHANY Youth Baseball & Softball**  
**Tar Heel League**  
**Cost \$25.00 Required at Time of Registration**  
**PLAYER REGISTRATION FORM**

Player Name \_\_\_\_\_

Street Address (911) \_\_\_\_\_

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

Mailing address if different from above \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Female's Age as of December 31, for *Softball* \_\_\_\_\_ School Attending \_\_\_\_\_

Male's Age as of May 1, for *Baseball* \_\_\_\_\_ School Attending \_\_\_\_\_

Player's Shirt Size: *Child: s m l* or *Adult: s m l xl*  
(7-8) (10-12) (14-16)

Parents Name \_\_\_\_\_

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

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Would you be willing to coach or assist your child's team if needed? Yes No

Emergency Contact

Phone

Insurance Carrier

Policy

1. I/We, the parents/guardians of the above-named candidate for a position on a Youth Baseball or Softball team, hereby give my/our approval to participate in any and all Alleghany Youth Baseball and Softball activities, including transportation to and from the activities.
2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless that local and regional Dixie League, the organizers, sponsors, supervisors, participants, administration and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree that our child may be required to try out for a team.
4. I/We understand that our child may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Alleghany Youth Baseball and Softball.
5. I/We will furnish a certified birth certificate of the above named child to Alleghany Youth Baseball and Softball Officials.

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Signature \_\_\_\_\_ Date \_\_\_\_\_