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| **DALLAS Jr. RBI – REGISTRATION FORM** **Dallas Park and Recreation/ Dallas Independent School District** | | | | | | |
| **league information** | | | | | | |
| division school  teeBall coachpitch competitive | | | | | | season/year  SPRING 2016 |
| **player Information** | | | | | | |
| Participant Name | | uniform size | date of birth | | | age |
| home address (street name, city, zip code) | | home phone | | | | gender |
| **PARENT/ GUARDIAN INFORMATION** | | | | | | |
| parent/guardian’s name | parent/guardian’s cell# | parent/guardian’s work# | | | parent/guardian’s e-mail | |
| emergency contact name | emergency contact # | doctor to notify | | | doctor’s phone # | |
| PLAYER’S MEDICAL CONDITIONS | | | | | | |
| PARENT AGREEMENT **PARENTAL SUPPORT**  We ask for active  participation of all parents in our program. Check area(s) in which you would be willing to help.    \_\_ Head Coach  \_\_ Assistant Coach  \_\_ Team Manager  \_\_ Team Parent  \_\_ Field Prep  \_\_ Other    All volunteers **must** register on line with  The Park and Recreation Department Volunteer Services Division  Please register my child in the baseball league with City of Dallas Jr. RBI. I understand that the purpose in mind is recreational in nature and that all decisions will be made, with no appeal, with that purpose in mind.  I, parent/legal guardian of the child, a minor, agree that the registrant and I will abide by the rules set forth by officials. I hereby agree to hold harmless Ranger Baseball LLC, Texas Rangers Baseball Foundation, Dallas Jr. RBI, the City of Dallas, its employees, volunteers, and elected officials for any loss or injury as a result of participation in activities at its recreational facilities under its programs.  As the parent/legal guardian of the above-named participant, I hereby give consent for emergency medical care prescribed by a licensed medical professional. This care may be performed under whatever conditions are deemed necessary to preserve the life, limb, or well-being of my dependent.  I further grant the City of Dallas the right to use the player’s names, pictures and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the player’s status as a participant in the programs.  Refund policy: Once your team is registered, no refunds will be allowed.  Name:  Parent/Legal Guardian (please print)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **PARENTAL SUPPORT**  We ask for active  participation of all parents in our program. Check area(s) in which you would be willing to help.    \_\_ Head Coach  \_\_ Assistant Coach  \_\_ Team Manager  \_\_ Team Parent  \_\_ Field Prep  \_\_ Other    All volunteers **must** register on line with  The Park and Recreation Department Volunteer Services Division | | |

 

