

**GIRLS
CITY OF BASTROP MOREHOUSE DIXIE SOFTBALL
LEAGUE REGISTRATION FORM**

PLEASE CHECK AGE GROUP: (AGE BEFORE August 31, 2019)

___ Tiny Tots – Age 4	PD _____	Receipt No. _____
___ Sweeties - Ages 5 & 6	BC _____	City Fee _____
___ Darlings - Ages 7 & 8	Hold _____	League _____
___ Angels - Ages 9 & 10		Ins. Fee _____
___ Ponytails - Ages 11 & 12		
___ Belles - Ages 13 – 16		

Player's Name: _____ DOB: _____
First Middle Last

Address: _____ Phone: _____

Age of Player as of August 31, 2019: _____ 2018 Team NAME _____

Please circle whether you live in or out City Limits IN OUT

Full Name and Address of Parent or Legal Guardian

Name	Address
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I do hereby agree to play with any team to which I am assigned for the 2019 Season and to abide by all local league rules.

PLAYER'S SIGNATURE

PARENTAL AUTHORIZATION

I, the Parent or Legal Guardian of the above-named candidate for a position in above mentioned program, hereby give approval to her participation in all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the City of Bastrop, or its employees, the organizers, sponsors, coaches, managers, supervisors, participants and persons transporting the girl to and from activities, for any claim arising out of any injury to the girl, except to the extent and the amount covered by accident and/or liability insurance held by the local league. I further agree that she will play on the team to which she is assigned and will abide by all Dixie Softball and local league rules.

I also grant permission to coaching personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in practice or league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I agree to return at the end of the season or upon request, any equipment issued to the player in as good condition as when received, except for normal wear and tear.

I will furnish a certified birth certificate of the above-named candidate upon request by league officials.

SIGNATURE OF PARENT OR GUARDIAN	RELATIONSHIP	DATE
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CITY OF BASTROP'S MOREHOUSE

DIXIE BASEBALL & SOFTBALL LEAGUE

EXPANDED PARTICIPANT MEDICAL EXPENSE COVERAGE

WHAT IS COVERED.....

The insurance plan pays the medical expenses actually incurred by a participant when an accidental injury occurs while participating in covered activities of the insured sports organization. This coverage is excess coverage and begins after the exhaustion of all other coverage for which the participant maybe eligible.

MEDICAL EXPENSE COVERAGE.....

Expenses payable under the coverage are for expenses actually incurred by the participant within 52 weeks after the date of the accident when an injury shall require treatment by a legally qualified medical physician, dentist or surgeon; confinement in a hospital of an X-ray examination.

Covered expenses will be determined on an excess basis over and above any other valid and collectible coverage for which an Insured Person maybe eligible. In the absence of any other coverage, this coverage will provide primary coverage benefits subject to coverage limits and exclusions. Covered expenses are subject to a \$100.00 per claim deductible.

CHILD NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

City of Bastrop
Parks & Recreation Dept.
Code of Conduct & Ethics



FORM TO BE SIGNED AND RETURNED TO PARKS & REC

This is a Code of Conduct and Ethics for Parents, Players, and Coaches. This has been implemented to insure a positive environment for all participants in our youth sports programs.

We want what you and your child wants. Specifically, an opportunity to learn, grow, develop skills, meet new friends, and experience the excitement and fun that participation in youth sports has to offer.

We have planned what we believe will be a most rewarding experience for you child. If for some reason you or your child are having difficulty, we want to know so that we can make every effort to improve the situation.

With the privilege of participation comes the responsibility to help your league meet its objective for every youth participant. Please read the following and inform your child (ren) of this and how it pertains to them.

By signing this form, you pledge to abide by all rules set forth by the league and the City of Bastrop Parks and Recreation Department. In addition, by signing, you agree to uphold your responsibilities as a Parent and /or Coach and fully understand the consequences for you and your child should you violate this Code of Conduct & Ethics.

1. All games will be conducted and ruled on by the referees and all persons must respect their authority. Unsportsmanlike conduct, rough or profane language, or fighting of any nature will not be tolerated. The entire team shall be held responsible for the actions of any individual players on their roster.
2. Any verbal badgering of official by players, coaches, parents or spectators will result in ejection from the game. Any derogatory language between players, coaches, parents, or spectators can also result in ejection from the game.

3. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or youth sports event.
4. I will place the emotional and physical well-being of the children ahead of my personal desire to win.
5. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
6. I will not engage in the use of alcohol or drugs at any or all youth sports events.
7. I will remember that the game is for the children-not for the adults.
8. I will do my very best to make youth sports fun for the children.
9. I will be respectful for the coaches, players, parents and officials regardless of race, sex, religion or ability. I will re-enforce this to my child and/or players.
10. I will help my child and/or players by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.

Signed: _____

Date: _____ Team: _____

Player's Name: _____



"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"