

SweeTees: \_\_\_\_ (Ages 6 and under)  
Darlings: \_\_\_\_ (Ages 7-8)  
Angels: \_\_\_\_ (Ages 9-10)

**REGISTRATION FORM**  
**AUM Dixie Softball**  
**P.O. Box 240654**  
**Montgomery, AL 36124-0654**  
**(334) 215-3555**

Ponytails: \_\_\_\_ (Ages 11-12)  
Belles: \_\_\_\_ (Ages 13-15)  
Debs: \_\_\_\_ (Ages 16-18)

**Player's full name:** \_\_\_\_\_ **Player goes by:** \_\_\_\_\_  
(must match birth certificate) (First) (Middle) (Last) (Nickname)

**Player's address:** \_\_\_\_\_ **Player's phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (Zip)

**Player's Subdivision:** \_\_\_\_\_ **Player's School:** \_\_\_\_\_ **Player's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(where the player lives)

**Player lives with (Circle One):** Mother Father Both Other **Player's playing age:** \_\_\_\_\_  
(Age on April 30, 2008)

**Father's name:** \_\_\_\_\_ **Home phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
(First) (Middle) (Last)

**Address (if different):** \_\_\_\_\_ **Work phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (Zip)

**E-mail address:** \_\_\_\_\_ **Cell phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Home phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
(First) (Middle) (Last)

**Address (if different):** \_\_\_\_\_ **Work phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (Zip)

**E-mail address:** \_\_\_\_\_ **Cell phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Additional/Other name:** \_\_\_\_\_ **Home phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
(First) (Middle) (Last)

**Address (if different):** \_\_\_\_\_ **Work phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (Zip)

**E-mail address:** \_\_\_\_\_ **Cell phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Was player in AUM League last year? \_\_\_\_\_ If yes, what team? \_\_\_\_\_ Age group? \_\_\_\_\_  
If not, where? \_\_\_\_\_ If applicable, is player on a high school team? \_\_\_\_\_ Where? \_\_\_\_\_  
Does player have any special health problems? \_\_\_\_\_

**PARENTAL AUTHORIZATION-PLEASE READ**

I, parent or guardian of the above named candidate for a position in the AUM Dixie Baseball & Softball League, hereby give approval to her participation in any and all league activities during the current season. I assume all risks and hazards incidental to sports participation including transportation to and from the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent, AUM Dixie Baseball & Softball League, City of Montgomery, organizers, sponsors, supervisors, participants, and person transporting the player to and from activities, and any claim arising out of injury to the player.

I, also, grant permission to managing 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 league activities away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

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

**I DO HEREBY AGREE THAT MY CHILD WILL PLAY WITH ANY TEAM TO WHICH SHE IS ASSIGNED.**

**I WOULD LIKE TO VOLUNTEER TO (Circle all that apply):** COACH ASSIST TEAM MOTHER SPONSOR

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

**OFFICIAL USE ONLY**

Registration fee paid: \$ \_\_\_\_\_ Cash receipt number: \_\_\_\_\_ Check number: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ League official: \_\_\_\_\_ Concession Form signed? \_\_\_\_\_  
Does player have a brother \_\_\_\_\_ or Sister \_\_\_\_\_ at AUM? What age group? \_\_\_\_\_  
Birth Certificate checked? \_\_\_\_\_ Special notes: \_\_\_\_\_

**Registration Fee:**

\$90 for 1st child  
\$45 for 2nd child  
\$35 for 3rd child  
\$25 for any additional child