

# CAPE FEAR OPTIMIST CLUB

2018 REGISTRATION FORM TO BE FILLED OUT BY PARENT

**\*\* DUE AT REGISTRATION \*\*\*\***

**\*\*\*\* NON-REFUNDABLE AFTER FEB 28th \*\***

**\*\* LATE REGISTRATION FEE AFTER FEB 28th, 2018 is increased \$10.00**



## BASEBALL

T-ball (Boys & Girls 5-6) \$105.00 [ ]  
 Coach Pitch (Boys 7-8) \$105.00 [ ]  
 Minor League (Boys 9-10) \$105.00 [ ]  
 Major League (Boys 11-12) \$105.00 [ ]

## SOFTBALL

Dixie Sweeties (Girls 5-6) \$85.00 [ ]  
 Dixie Darlings (Girls 7-8) \$85.00 [ ]  
 Dixie Angels (Girls 9-10) \$85.00 [ ]  
 Dixie Ponytails (Girls 11-12) \$85.00 [ ]  
 Dixie Belles (Girls 13-15) \$85.00 [ ]  
 Dixie Debs (Girls 16-18) \$85.00 [ ]

New Player or Player is advancing to Next League – Please Circle **“DRAFT”** here

Name: \_\_\_\_\_ Male [ ] / Female [ ]  
*(Print child’s name exactly as it appears on the birth certificate)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ ~ Playing Age \_\_\_\_\_ Phone # \_\_\_\_\_

**PARENTS E-Mail (PRINT):** \_\_\_\_\_

Participants in **T-Ball only** may request a team assignment: Team Preference: \_\_\_\_\_

### **RETURNING CAPE FEAR OPTIMIST PLAYER SECTION:**

PLEASE LIST THE TEAM & LEAGUE YOU PARTICIPATED IN LAST YEARS DIVISION

Spring 2017 League / Team: \_\_\_\_\_ / \_\_\_\_\_

Fall 2017 League / Team: \_\_\_\_\_ / \_\_\_\_\_

*If there is a brother or sister playing on a team that the individual will be playing on, please fill out this section*

*Brother/Sister* \_\_\_\_\_

*League* \_\_\_\_\_ *Team* \_\_\_\_\_

I, THE PARENT OR GUARDIAN OF THE REGISTRANT ABOVE, DO HERBY GIVE MY CONSENT AND APPROVAL FOR HIS/HER PARTICIPATION IN ALL BASEBALL/SOFTBALL AND ASSOCIATED ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISK INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE ACTIVITIES; AND I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE CAPE FEAR OPTIMIST CLUB, ANY OFFICER, AGENT OR EMPLOYEE OF THE CAPE FEAR OPTIMIST CLUB. THE ORGANIZERS, SPONSORS AND SUPERVISORS, ANY OR ALL OF THEM FROM ANY LIABILITY FROM INJURY AND/OR DAMAGE TO PERSON OR PROPERTIES. IN CASE OF INJURY TO MY CHILD, I HERBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, THE SPONSORS OR ANY OF THE SUPERVISORS APPOINTED BY THEM. I LIKE WISE RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING MY SON/DAUGHTER TO OR FROM THESE ACTIVITIES.

**BY SIGNING THIS INSTRUMENT I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.**

Parent or Guardian (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Registration Fee: \$ \_\_\_\_\_ Cash [ ] Check [ ] Check # \_\_\_\_\_ Credit Card [ ]

Birth Certificate: Copy Attached [ ] ~ Copy on File [ ] **SHIRT SIZE** \_\_\_\_\_  
**(Girls Only) SHORT SIZE** \_\_\_\_\_