

Bossier Dixie Baseball 2024

P.O. Box 6085 Bossier City, La 71171

Information & Application

Baseball
Age as of
April 30,
2024

Name (First) _____ (Middle Initial) _____ (Last) _____ D.O.B. _____
As it appears on Birth certificate

Address _____ City/ST _____ Zip Code _____

Cell Phone _____ School **CAPTAIN SHREVE** 2024-25 Grade _____

Father's Name _____ Home Phone _____ Cell _____

Mother's Name _____ Home Phone _____ Cell _____

E-mail Address _____ Work Number _____

Emergency Contact _____ Phone _____

Special Health Needs _____

PLEASE READ THE FOLLOWING BEFORE SIGNING. I hereby relieve and release Bossier Dixie Baseball and Softball, Inc, it's directors, coaches, assistant coaches, managers, and any other volunteer from all liability and agree to indemnify and hold them harmless against all claims, actions, suits, liabilities, and other actions, expenses including reasonable attorney's fees from damages to property or injuries to persons specifically including the child named on this application arising out of or related in any way to Bossier Dixie Baseball and Softball, Inc.

Players Name

X _____
Parent/Guardian Signature

To be filled out by a League Official

Birth Certificate: Yes / No Returning Player: Yes / No Team Assigned: **CAPTAIN SHREVE**

Amount Paid \$ _____ Cash / Check # _____ Receipt # _____ Date _____ BDBM _____