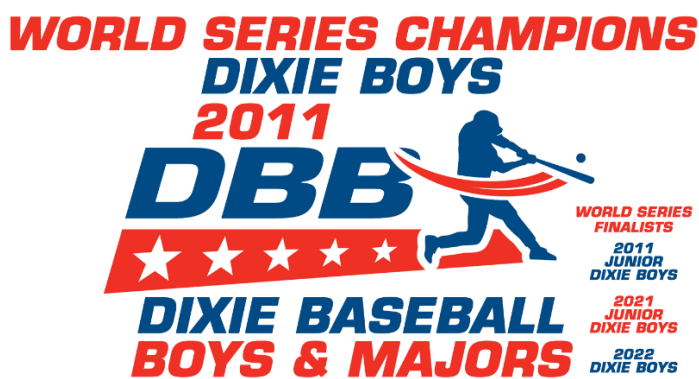




# DIXIE MAJORS BASEBALL

## BRUNSWICK COUNTY PARKS & RECREATION

Any player whose 14<sup>th</sup> birthday falls before May 1<sup>st</sup> of **2024** & any player whose 18<sup>th</sup> birthday falls on or after May 1<sup>st</sup> of **2024** is eligible to compete & complete the Dixie Boys season. Participants **NEED** a copy of their **BIRTH CERTIFICATE** & a Parent / Guardian to register.



### NORTH CAROLINA STATE CHAMPIONS

	<b>Junior Dixie Boys</b> 2006, 2008, 2011, 2012, 2018, 2021
	<b>Dixie Boys</b> 2007, 2009, 2010, 2011, 2022
	<b>Pre-Majors</b> 2018, 2023

## REGISTER

DECEMBER 1st – MARCH 25th  
 8:30 a.m. till 5:00 p.m.  
 Monday – Friday.  
 Building G

@ the Government Complex  
 REGISTER ONLINE | QR Code to REGISTER  
<https://bcparks.recdesk.com/Community/Program>

### LEAGUE CONTACT:

DANIEL RABON @ 910.253.2670 or  
[daniel.rabon@brunswickcountync.gov](mailto:daniel.rabon@brunswickcountync.gov)

### WEBSITE:

<http://bcparks.recdesk.com/recdeskportal/>

### VOLUNTEERS:

Parents who apply to coach a team, are cleared, and assigned a team, will have their registration refunded.

**Email Daniel if Interested.**



SCAN QR Code to REGISTER ONLINE

**REGISTRATION FEE of \$50.00**

**Office Use Only**

Paid

Birth Certificate

Receipt # \_\_\_\_\_

**Notes:** \_\_\_\_\_

**ATHLETIC REGISTRATION FORM**

Brunswick County Parks & Recreation Department

PLEASE PRINT or TYPE NEATLY – YOU CAN REGISTER ONLINE @ <https://bcparcs.recdesk.com/Community/Program>

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

MAILING ADDRESS: \_\_\_\_\_  
(STREET or P.O. BOX)

(CITY) (ZIP)  
PHONE: ( ) \_\_\_\_\_ EMERGENCY: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ PREVIOUS TEAM: \_\_\_\_\_

PLEASE LIST ANY PHYSICAL PROBLEMS THAT MAY LIMIT PARTICIPATION:

\_\_\_\_\_  
\_\_\_\_\_

**(FORM MUST BE FILLED OUT COMPLETELY WITH BIRTH CERTIFICATE & FEE PAID TO BE ELIGIBLE)**

IT IS NOT GUARANTEED THAT YOUR CHILD WILL BE ON THE SAME TEAM AS LAST YEAR.

I/WE, the Parents/Guardians of the above-named candidate for a position on any of the Dixie Boys teams, hereby give MY/OUR approval to his/her participation in any and all Dixie Boys activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, Dixie Boys Baseball League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the Dixie Boys Rules of Conduct.

**EQUIPMENT:**

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT. **[YOU MAY KEEP THE UNIFORM. JERSEY / PANT / SOCK]**

**PARENTAL MEDICAL TREATMENT AUTHORIZATION:** In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

**PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS:** I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote Brunswick County Dixie Baseball.

**PLEASE MAIL COMPLETED FORM TO:** BCP&R ~ ATTN: DANIEL RABON ~ P.O. BOX 249 ~ BOLIVIA, NC 28422

**FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED/FEE PAID/& A COPY OF PARTICIPANTS BIRTH CERTIFICATE RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.)** I/WE have read the above and agree and understand the policies set forth above.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**PARENT D.O.B.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**[PLEASE PRINT]**

**HIGH SCHOOL ATTENDING:**

**N.B.H.S. →  S.B.H.S. →  W.B.H.S. →  OTHER →**

**Did you play baseball for the school you are attending?  Yes  No**