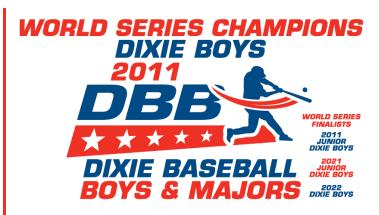
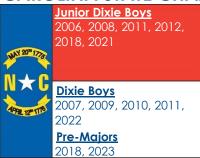


BRUNSWICK COUNTY PARKS & RECREATION

Any player whose 13th birthday falls before May 1st of 2025 & any player whose 15th birthday falls on or after May 1st of 2025 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



REGISTER

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 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

□ Paid	☐ Birth (Certificate	Receipt #
Notes:			-
		IC REGISTRATIO	
		unty Parks & Recrea	
PLEASE PRINT or TYPE NE	ATIV - VOIL CAN PEGIST	ED ONLINE @ https://bcpg	rks.recdesk.com/Community/Program
NAME: (LAST)	ATET - TOU CAN REGIST	(FIRST)	(MIDDLE)
RIPTHD ATE:			AGE:
(MONTH) (DAY)	(YEAR)	
MAILING ADDRESS:			
_		(STREET or P.O. BOX)	
(CITY)		(ZIP)	
PHONE: ()			EMERGENCY: (
EMAIL:		@	
SCHOOL:		GRADE:	_PREVIOUS TEAM:
PLEASE LIST ANY PHY	(SICAL PROBLEMS T	HAT MAY LIMIT PARTIC	IPATION:
	<u> </u>	<u> </u>	
(FORM MUS	T BE FILLED OUT COM	PLETELY WITH BIRTH CERT	IFICATE & FEE PAID TO BE ELIGIBLE)
		THE SAME TEAM AS LAST YEAR.	
/WE, the Parents/Guardiar	ns of the above-named co	andidate for a position on any	of the Dixie Boys teams, hereby give MY/OUR approval
			. I/WE assume all risks and hazards incidental to such beby waive release, absolve, indemnity and agree to hold
			d its Ass <mark>ociations, the sponsors, supervis</mark> ors, participants, aim arising out of illness, injury, accidental death or
damage to personal proper of Conduct.	erty sustained in the above	e activity to MY/OUR child. I/V	VE and participant agree to abide by the Dixie Boys Rule:
EQUIPMENT:			
PROGRAM. NO ALTERATION	NS TO ANY UNIFORM OR EC	QUIPMENT ARE ALLOWED. UNI	JIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS FORM / EQUIPMENT MUST BE RETURNED BY THE LAST [YOU MAY KEEP THE UNIFORM. JERSEY / PANT / SOCK]
PARENTAL MEDICAL TREATM	NENT AUTHORIZATION: In th	e event of injury to MY/OUR c	hild, I/WE hereby grant authority to a qualified paramedi necessary under the circumstances.
PICTURE CONSENT FOR FILM	/ / WEBSITE / ADVERTISEME	NTS: I/WE give permission to he	ave my child's picture on the BCP&R/league web site, edium used strictly to promote Brunswick County Dixie Bas
		ANIEL RABON ~ P.O. BOX 249 ~	
			COPY OF PARTICIPANTS BIRTH CERTIFICATE RECEIVED d understand the policies set forth above.
ARENT OR GUARDIAN	N SIGNATURE	PARENT D.O.B.	DATE [PLEASE PRINT]
DIXIE Y	OUTH BAS	SEBALL LE	AGUE PLAYED FOR:
Leland → □ Town (· · · · · · · · · · · · · · · · · · ·		ood Folly → □ Shallotte → □ Waccamaw → □
D. V. W	Have You Moved?		
Do You V	vant to Play in New Lo	ocation Where You Move	ed? □ Yes □ No