

City of Leitchfield 2015 Baseball Registration Form
314 W. White Oak St. Leitchfield Ky. 42754
City Hall 259-4034 or Jose Soto 535-1819

PLAYER INFORMATION			Check One		
Last Name _____	First Name _____	M.I. _____	Babe Ruth <input style="width: 40px; height: 40px;" type="checkbox"/>		
Male _____	or	Female _____	Team/Coach Last Year _____		
Birthday mm/dd/yyyy _____		Age before May 1st _____	Season will start end of April lasts for {6 weeks}		
Home Address _____			Would you like to coach YES NO		
City _____ State _____ Zip _____			Uniform Size : YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL		
preferred phone # 1 _____		preferred phone # 2 _____			
preferred E-mail _____			<i>Note: If You Like mail your registration Form with a check or money order mail it to:</i> Attn to: Park Manger 606 Spring St Leitchfield Ky 42754 <u>Make Check payable to City of Leitchfield</u>		
Do you text Message Yes or No					

Players Name:

Fathers Last Name	First Name	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____	_____
Mother's Last Name	First Name	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____	_____

The undersigned agrees to indemnify and hold harmless the City of Leitchfield and their agents and employees from and against all claims, damages, losses and expenses of any nature or description arising out of the use of the premises by any person whatsoever

SIGNATURE: _____ Date: _____

Make Check payable to City of Leitchfield

Total Due:	Check # _____	Cash _____	Mail in _____
1 Child = \$40			
2 Child = \$65			
3 Child+ =\$80			
	Received By: _____	Date: _____	

Note: Family plan is only allowed for Grayson Co. Baseball and Tee-ball not Babe Ruth League. Early bird special only for Leitchfield T-ball family plan not Grayson Co. Baseball.

AGE: