

Leitchfield 2022 Baseball Registration Form
Leitchfield City Hall – PO Box 398, Leitchfield, KY. 42755-0398
270-259-4034 EXT 224

Player Information

PLEASE PRINT LEGIBLY

Last Name: First Name: M

Circle: Male or Female **Age** _____

 Birthday (mm/dd/yyyy)

Home Address:

House # Street

City State Zip

Cell Phone Home Phone

Primary Contact Information

Last Name First Name Home/Cell Phone
Alternate Contact Information Relationship: _____

Last Name First Name Home/Cell 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 use of the premises by any person whatsoever.

SIGNATURE: _____ **DATE:** _____

Total Due Per Household Check # _____ **Check Amount:\$** _____ **Cash:\$** _____ **This player\$** _____

1 Child	\$40.00
2 Children	\$70.00
3 Children	\$90.00

Name who issued payment _____

Received By: _____ **Date:** _____

After 3, Each additional child \$30

Note: **FILL OUT ONE REGISTRATION FORM PER PLAYER.**

Please list names of other players included in this payment.

 (BB/SB)

 (BB/SB)

 (BB/SB)

 (BB/SB)

CHECK ONE:

T-Ball (4-6) _____ Major (11-12) _____

Coach Pitch (6-8) _____ Babe Ruth (13-15) _____

Minor (9-10) _____

Team or Coach Last Year _____

Would you like to coach? YES NO

Shirt Size (circle one)

YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

NOTE: All registrations must be turned in March 10

Note: If mailing registration form.

Mail Check or Money order to: City of Leitchfield

Leitchfield City Hall

PO Box 398, Leitchfield Ky 42755

ALL PARTICIPANTS MUST SIGN A WAIVER