

Leitchfield 2021 Coed Kickball Registration Form
Leitchfield City Hall – PO Box 398, Leitchfield, Ky. 42755-0398
270-259-4034

Team Captain/Manager Information

Last Name _____ **First Name** _____ **M** _____

Circle: Male or Female **Age:** _____
 Birthday (mm/dd/yyyy) _____

Home Address: _____

City, State, Zip _____

Cell Phone _____ **Home Phone** _____
 Do you receive text messages? YES NO

Please fill out the team roster on the back of this registration.

Check One

___ Coed
Team Name: _____
 Season starts in September and will run 6-8 weeks.

- General Rules:**
- All Players must be 16 years of age or older.
 - All teams can have no less than 12 players and no more than 20 players.

Note: If mailing registration form.
 Mail Check or Money order to:

Leitchfield City Hall
PO Box 398, Leitchfield Ky 42755

Make Checks Payable to City of Leitchfield

Emergency Contact Information **Relationship:** _____
Last Name **First Name** **Home Phone** **Cell Phone** **Work Phone**

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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 **Check #** _____ **Check Amount:** _____ **Cash:** _____
 \$400 per Team **Received By:** _____ **Date:** _____

Team Name: _____

Note: FILL OUT ONE REGISTRATION FORM PER TEAM.



Team Name: _____

Team Captain: _____ Phone#: _____

#	Players Name:	Age:	Phone #:	Address:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				