

Leitchfield 2020 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

Do you receive text messages? YES NO

Primary Contact Information

 Last Name First Name Cell Phone

Alternate Contact Information Relationship: _____

 Last Name First Name 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: \$ **NO CASH**

1 Child	\$45.00
2 Children	\$80.00
3 Children	\$105.00

Name who issued payment _____

Received By: _____ Date: _____

After 3, Each additional child \$35 (The increase is to cover the cost of T-shirts)

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

Please list names of other players included in this payment.

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 _____

Season starts TBD

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 Friday 8/28.

Drop off at City Hall

If using Night Deposit/NO CASH MUST be a Check and place in envelope addressed to Parks & Rec

Make Checks payable to City of Leitchfield

ALL PARTICIPANTS MUST SIGN A WAIVER

Relationship: _____



City of Leitchfield

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Leitchfield Baseball athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:
 - An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;
5. In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify The City of Leitchfield & Babe Ruth League, Inc. and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

Participant Signature: _____

DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF

REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

DATE SIGNED: _____

Emergency Phone Number: (_____) _____