Leitchfield 2018 Baseball Registration Form
Leitchfield City Hall – PO Box 398, Leitchfield, Ky. 42755-0398
270-259-4034

Player Information	Check one

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

_____

Circle: Male or Female Age before May 1st 2018_____

Birthday mm/dd/yyyy_____

Home Address

_____

City State Zip

_____

Preferred Phone Secondary Phone

_____ _____

Preferred email

_____

Do you receive text messages **yes** **no**

_____

T-Ball (4-6) **Baseball (7-12)**

☐ ☐

Team or Coach Last Year_____

Season starts mid April & last for 8 weeks

Would you like to coach **YES** **NO**

Uniform Size Circle One

YS(6-8) YM(10-12) YL(14-16)

AS AM AL AXL AXXL

Note If mailing registration form.
Mail check or money order to
Leitchfield City Hall
PO Box 398, Leitchfield, Ky. 42755
Make check payable to City of Leitchfield

Primary Contact Information: **Relationship:**_____

Last Name **First Name** **Home Phone** **Cell Phone** **Work Phone**

_____

Alternate Contact Information: **Relationship:**_____

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 use of the premises by any person whatsoever.

SIGNATURE:_____ DATE:_____

_____

Total Due **Check #**_____ **Check Amount**_____ **Cash**_____

1 Child	**$40**
2 Children	**$70**
3 Children	**$90**

Received by:_____ **DATE:**_____

100.600.615.33000A

Players Name		**Age**	

NOTE: FILL OUT ONE REGISTRATION FORM PER PLAYER.