

Leitchfield 2019 Softball Registration Form
Leitchfield City Hall – PO Box 398, Leitchfield, Ky. 42755-0398
270-259-4034

Player Information

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

Circle: Male or Female **Age before Jan 1st** _____

Birthday (mm/dd/yyyy) _____

Home Address:

City, State, Zip

Cell Phone _____ **Home Phone** _____

Do you receive text messages? YES NO

Check One

- ___ 8u Modified Machine Pitch
- ___ 12u Slow Live Pitch
- ___ 13u Fast Live Pitch
- ___ 16u Slow Pitch
- ___ Coed

Team or Coach Last Year

 Season starts last week of April & lasts for 9 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 Checks 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/ 1 Adult	\$40.00
2 Children/Adults	\$70.00
3 Children/Adults	\$90.00

Received By: _____ **Date:** _____

Players Name: _____ **Age:** _____

Note: FILL OUT ONE REGISTRATION FORM PER PLAYER.

