

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

Player Information

 Last Name First Name M
Age before Jan 1st _____

 Birthday (mm/dd/yyyy)

Home Address:

 House # Street

 City, State, Zip

 Cell Phone Home Phone

Do you receive text messages? YES NO

Check One

___ Ages 4-6

___ Ages 7-8

___ Ages 9-10

___ Ages 11-12

___ Ages 13-15

Season starts in September and will run 6-8 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 Checks Payable to City of Leitchfield

Primary Contact Information Relationship: _____

 Last Name First Name Home Phone Cell Phone

Alternate Contact Information Relationship: _____

 Last Name First Name Home Phone 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 **Check #** _____ **Check Amount:** _____ **Cash:** _____

1 Child/ 1 Adult	\$40.00
2 Children/Adults	\$70.00
3 Children/Adults	\$90.00

Name who Issued Payment: _____

Received by: _____ Date: _____

after 3 each additional is \$30.00

Players Name: _____ Age: _____

Note: FILL OUT ONE REGISTRATION FORM PER PLAYER.

