

**Leitchfield 2024 Baseball Registration Form**  
**Leitchfield City Hall 515 S Main**  
**270-259-4034**

Player Information

\_\_\_\_\_  
 Last Name:                      First Name:      M.

Circle: Male or Female

Age of child on August 31, 2024: \_\_\_\_\_

Birthday (mm/dd/yyyy) \_\_\_\_\_

Home Address:

\_\_\_\_\_  
 House #                                      Street

\_\_\_\_\_  
 City                                      State                                      Zip

\_\_\_\_\_  
 Email:

Do you receive text messages? YES NO

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 the premise by any person whatsoever. BY signing you agree with and will abide by all Park rules and regulations.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Total Due                                      Check # \_\_\_\_\_ Check Amount: \_\_\_\_\_ Cash: \_\_\_\_\_

1 Child	\$60.00
2 Children	\$110.00
3 Children	\$150.00

Name who issued payment: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

After 3 each additional child \$45.00.

**NOTE: FILL OUT ONE REGISTRATION FORM PER PLAYER**  
**REQUEST REGARDING PLAYERS:**

Check One:

Division of play for Little League Baseball  
 \_\_\_ Tee Ball (4-6)      \_\_\_ Minor (9-10)  
 \_\_\_ Coach Pitch (6-8)      \_\_\_ Major (11-12)

Team or Coach Last Year: \_\_\_\_\_  
 Season starts mid-April & lasts for 8 -10 weeks.

**REGISTRATIONS MUST BE TURNED IN BY MARCH 15<sup>TH</sup>.**

**Would you be willing to coach?** YES NO

Shirt Size (circle one)  
 YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL

Note: If mailing registration form.  
 Mail check to: Leitchfield City Hall  
 PO Box 398, Leitchfield, KY 42754

Make check payable to: **CITY OF LEITCHFIELD**

STAMP PAID HERE