

**Leitchfield 2024 Softball 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 as of January 1, 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 use of the premises 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.**  
**REQUESTS REGARDING PLAYERS:**

Check One

\_\_\_\_ 8u Modified Coach Pitch                      \_\_\_\_ 14u Fast Pitch.  
 \_\_\_\_ 12u Slow Live Pitch                      \_\_\_\_ 17u Slow Pitch  
 \_\_\_\_ 12u Fast Pitch

Team or Coach Last Year: \_\_\_\_\_  
**REGISTRATIONS MUST BE TURNED IN BY MARCH 15<sup>TH</sup>.**

**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: 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