

## PLEASE COMPLETE ENTIRE REGISTRATION FORM!

## Leitchfield 2025 Baseball Registration Form Leitchfield City Hall 515 S Main 270-259-4034



| Player Info                  | <u>rmation</u>         |                                      |                                  | Check One:   |                             |  |  |
|------------------------------|------------------------|--------------------------------------|----------------------------------|--|-----------------------------|--|--|
|                              |                        |                                      |                                  | Division of play for Lit   | tle League Baseball         |  |  |
| Last Name                    |                        | First Name                           | M.                               | Tee Ball (4-6)   | _                           |  |  |
| Last Ivallie                 |                        | riist ivaille                        | IVI.                             |  | Intermediate (11-13)        |  |  |
| Age of child                 | on Aug 31,             | 2025                                 |                                  | To a second control of Maria   |                             |  |  |
| Disthalass /sa               |                        | ۸                                    |                                  | Team or Coach Last Year:<br>Season starts March 31st.                              |                             |  |  |
| Birthday (m                  | ım/aa/yyyy             | y)                                   |                                  | Season starts March 31st.  REGISTRATIONS MUST BE TURNED IN BY FEB 28 <sup>TH</sup> |                             |  |  |
| Home Addr                    | ess:                   |                                      |                                  | REGISTRATIONS WIOS   | OF DE TORNED IN DT FED 20   |  |  |
|                              |                        |                                      |                                  | Would you be willing to  | <mark>coach?</mark> YES NO  |  |  |
| House #                      |                        | Street                               |                                  | Shirt Size (circle one)  |                             |  |  |
| nouse #                      | Street                 |                                      |                                  | YXS (4-5)YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXX                              |                             |  |  |
| City                         |                        | <br>State                            | Zip                              | Note: If mailing registrat   | ion form.                   |  |  |
| City                         |                        | State                                | Σip                              | Mail check to: Leitchfield   |                             |  |  |
|                              |                        |                                      |                                  | PO Box 398, Leitchfield, KY 42754  |                             |  |  |
| Email                        |                        |                                      |                                  |  |                             |  |  |
| Do you red                   | eive text r            | nessages? YES                        | NO                               | Make check payable to: CITY OF LEITCHFIELD   |                             |  |  |
| Primary Contact Information: |                        |                                      |                                  | Relationship   |                             |  |  |
| Last Name First Name         |                        |                                      | me                               | Cell Phone   |                             |  |  |
| Alternate C                  | ontact Info            | rmation:                             |                                  | Relationship   |                             |  |  |
|                              |                        |                                      |                                  |  |                             |  |  |
| <b>Last Name</b>             |                        | First Na                             | me                               | Cell Phone   |                             |  |  |
| employees<br>out of the      | from and<br>premise by | against all clain<br>y any person wh | ns, damages, losso<br>natsoever. |  | ture or description arising |  |  |
| SIGNATUR                     | E:                     |                                      |                                  | DATE:  | Cash:                       |  |  |
| Total Due                    |                        | Chec<br>_                            | k #                              | _ Check Amount:  | Cash:                       |  |  |
| 1 Child                      | \$60.00                | Name who iss                         | ued navment:                     |  |                             |  |  |
| 2 Children                   | \$110.00               | - Nume who is                        | ueu payment                      |  |                             |  |  |
| 3 Children                   | \$150.00               | Received By:                         |                                  |  | Date:                       |  |  |
| After 3 each                 |                        | nild \$45.00.                        |                                  |  |                             |  |  |
| NOTE: FILL                   | OUT ONE                | REGISTRATION                         | FORM PER PLAYE                   | R  |                             |  |  |
| REQUEST I                    | REGARDIN               | G PLAYERS:                           |                                  | CTANAD   | DAID LIEDE                  |  |  |
| Youth Sports                 |                        |                                      | _                                | STAMP PAID HERE  |                             |  |  |
| Fund application             |                        |                                      |                                  |  |                             |  |  |
| To help pay for              |                        |                                      | Œ                                |  |                             |  |  |
| registration Fees            |                        |                                      | 36                               |  |                             |  |  |
| SCAN QR (                    | CODE                   |                                      | <u></u>                          |  |                             |  |  |
| Deadline 3                   | 3/6/25                 |                                      | <b>5</b>                         |  |                             |  |  |

| Please check every line confirming you agree to these rules.   |
|--|
| <br>Respect the people who have stepped up to take the coaching roles. Have a 24-hour calming period if you need to approach the coach. Nothing good comes out of speaking with high emotion. Without the volunteers there would be no baseball program. |
| <br>Positions are not punishments or rewards. Every spot on any team is an integral piece of the puzzle.   |
| <br>Instill being a good teammate in your child. It is never ok to talk down to your teammates or your coaches. There is no "I" in team.   |
| <br>NO FOUL LANGUAGE.  |
| <br>Remember children are involved in organized sports for their enjoyment, not yours.   |
| <br>Applaud good plays by your team and by members of the opposing team.   |
| <br>Do not publicly question the umpire's judgment and never their honesty.  |
| <br>Any coach/spectator who is heard verbally abusing an umpire will automatically be asked to leave. Verbal abuse includes foul and abusive language and comments with racial or sexual overtones.  |
| <br>There will be no tolerance for unacceptable behavior of the coach/spectator after the game.  |
| <br>If you are disruptive the coach, board member or umpire has the right to make you leave the game.  |
|  |

• You will be given 1 warning, 2<sup>nd</sup> time you will be asked to leave, 3<sup>rd</sup> you will not be allowed back.

Let's always remember that youth sports are meant for the kids, and these are the days that will turn into core memories for them, so always keep it fun!

Download the City of Leitchfield App to stay informed about the season.



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