

**Leitchfield 2019 Baseball Registration Form**  
**Leitchfield City Hall – PO Box 398, Leitchfield, KY. 42754-0398**  
**270-259-4034**

**Player Information**

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

\_\_\_\_\_

Circle: Male or Female    Age Before May 1<sup>st</sup>, 2019 \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

\_\_\_\_\_

Do you receive text messages? YES NO

**Check One**

T-Ball (4-6) \_\_\_\_\_ Baseball (7-12) \_\_\_\_\_



Team or Coach Last Year \_\_\_\_\_

Season starts mid-April & lasts for 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 42754**

**Make Check Payable to City of Leitchfield**

**Primary Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Alternate Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ 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	\$40.00
2 Children	\$70.00
3 Children	\$90.00

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

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_

Note: FILL OUT ONE REGISTRATION FORM PER PLAYER.