

Leitchfield 2020 Softball Registration Form
Leitchfield City Hall – PO Box 398, Leitchfield, Ky. 42755-0398
270-259-4034

Player Information

Check One

 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

____ 8u Modified Machine Pitch

____ 12u Slow Live Pitch

____ 10u Fast Pitch

____ 14U Fast Pitch

____ 16u Slow Pitch

Team or Coach Last Year

 Season starts last week of April & lasts for 9 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

Received by: _____ Date: _____

Players Name: _____ Age: _____

Note: FILL OUT ONE REGISTRATION FORM PER PLAYER.

