

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

Player Information

Last Name: _____ First Name: _____ M _____

Check One

Fast Pitch Slow-Pitch Co-Ed

12 & Under 8U, 12U, 16U, 17+

Circle: Male or Female Age Before Jan 1st, 2019 _____

Team or Coach Last Year _____

Birthday (mm/dd/yyyy) _____

Season starts last week of April & lasts for 9 weeks

Home Address: _____

Would you like to coach? YES NO

City: _____ State: _____ Zip: _____

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

Preferred Phone: _____ Secondary Phone: _____

Do you receive text messages? YES NO

Make Check 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/ 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.

