## CRITTENDEN COUNTY DUGOUT CLUB REGISTRATION FORM

## 2017 Youth Baseball / Softball / Kickball \* \* \* DEADLINE IS MARCH 4 \* \* \*

Registration form must be received by March 4, 2017 with registration fee and a copy of Birth Certificate for the player. We want everyone to play. If you cannot afford the full registration fee, talk to a Dugout Club representative before registration deadline about a discount. There is also a discount for multiple players from one family. Total cost for 2 players is \$60 and 3 players or more is \$75. Registration after March 4 carries a \$25 penalty. The absolute final day to register even by paying penaltiy is March 20. Skills assessment is 10 a.m., to noon Saturday, March 4 at Crittenden County Middle School gymnasium for all players age 7-up who are new to the league or are moving up to a new age division.

## **SPECIAL NOTICES:**

- 1. The cutoff for age grouping for Baseball is a player turning a year older before May 1.
- 2. The cutoff for age grouping for Softball is a player turning a year older before January 1.
- 3. All Leagues EXCEPT Kickball & Co-ed Rookie will have away games at Eddyville, Princeton, Dawson Springs and Cadiz.
- 4. With the exception of Kickball and Co-ed Rookie leagues, boys must play baseball and girls must play softball.
- 5. Children at age 5 have an option to play Kickball or Co-ed Rookie Baseball.

FEES: Kickbal	I \$25 Yo	outh Baseball/Sof	tball \$40	Babe Ruth \$50
(Check One	Below)			
<b>Kickball</b> (ag	es 4-5 Boys & Gi	rls) must be 4 befo	re May 1	
Co-ed Rookie	(ages 5-6 Boy	s & Girls) must be	5 before May 1	
Boys' Baseball	Rookie (7-8) (Pitching Machine)	Minor (9-10) (Live Arm)	Major (11-12) (Live Arm)	Babe Ruth (13-15)
Girls' Softball	Rookie (7-8) (Pitching Machine)	` ,	Major (11-12) (Live Arm)	Babe Ruth (13-15)
PERSONAL INFOR	MATION:			
Player Name:			Age:	_ DOB:
Address:				
Phone:		Email:		
Last Team to Play fo	r:	Year Played:		
		de their own pants. A shirt and dult M Adult L Adult		• ,
PARENT/GUARDIA I herby give my consent for ing in any practice, game, oundue delay in treatment. F an emergency. I will list my	N CONSENT FOR any treatment as provided or other league activity sa urthermore, I agree to all allergies and/or pre-exist	TREATMENT: ed by his/her coach or other nctioned by the Crittenden ( ow my child to be taken to a ing physical conditions that ions child's coaches shou	adult escort in case of an incommon and county Dugout Club. I und a licensed physician and/or need to be noted before trailed know about:	njury or illness while participat- erstand that this is to prevent their designee in the case of eatment. (use back if needed)
Mother's Name:				
Name of Health Insuranc	e:	Policy #:		
	-	Marion, County of Crittenden and Dut not limited to attorneys' fees, aris	=	ors, agents and employees from and egligence or misconduct of others.
Signature:		Relationship:	Da	ate:
R	eturn to: Dugo	ut Club P.O. Box	5, Marion, KY 42	064

Return to: Dugout Club P.O. Box 5, Marion, KY 42064
MAKE CHECKS PAYABLE TO CRITTENDEN COUNTY DUGOUT CLUB