CRITTENDEN COUNTY DUGOUT CLUB REGISTRATION FORM

2014 Youth Baseball / Softball

* * * DEADLINE IS MARCH 15 * * *

Registration form must be received by March 15, 2014 with a $35.00 fee per child and a copy of Birth Certificate for the player (fee for T-ball is $25 per child). We want everyone to play. If you cannot afford the full registration fee, talk to a Dugout Club representative before or at registration. Registration after March 15 carries a $25 penalty. The absolute final day to register is March 21. Skills assessment is 9 a.m., to 11 a.m., Saturday, March 15 at Crittenden County Middle School gymnasium for all players age 7-up.

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* T-Ball & Co-ed Rookie will have away games at Eddyville, Princeton and Dawson Springs.
4. With the exception of T-ball and Co-ed rookie leagues, boys must play baseball and girls must play softball.

--- (Check One) ---

T-Ball League ☐ (age 4 Boys & Girls) must be 4 before May 1

Co-ed Rookie ☐ (ages 5-6 Boys & Girls) must be 5 before May 1

Boys' Baseball ☐ Rookie (7-8) (Pitching Machine) ☐ Minor (9-10) (Live Arm) ☐ Major (11-12)

Girls' Softball ☐ Rookie (7-8) (Pitching Machine) ☐ Minor (9-10) (Machine & Live Arm) ☐ Major (11-12) (Live Arm)

PERSONAL INFORMATION:

Player Name: _____ Age:_____ DOB:_____

Address: _____

Phone: _____ Email: _____

Last Team to Play for: _____ Year Played: _____

UNIFORM SHIRT SIZE (Players must provide their own pants. A shirt and cap will be provided by the league)

Check One: ☐6/8 ☐10/12 ☐14/16 ☐Adult S ☐Adult M ☐Adult L ☐Adult XL ☐Adult XXL ☐Other:_____

PARENT/GUARDIAN CONSENT FOR TREATMENT:

I herby give my consent for any treatment as provided by his/her coach or other adult escort in case of an injury or illness while participating in any practice, game, or other league activity sanctioned by the Crittenden county Dugout Club. I understand that this is to prevent undue delay in treatment. Furthermore, I agree to allow my child to be taken to a licensed physician and/or their designee in the case of an emergency. I will list my allergies and/or pre-existing physical conditions that need to be noted before treatment. (use back if needed)

Please list any special needs or medical conditions child's coaches should know about: _____

_____

Mother's Name:_____ Father's Name:_____

Name of Health Insurance:_____ Policy #: _____

Signature:_____ Relationship: _____Date:_____

Return to: Dugout Club P.O. Box 5 Marion, KY 42064

MAKE CHECKS PAYABLE TO CRITTENDEN COUNTY DUGOUT CLUB