

CRITTENDEN COUNTY DUGOUT CLUB REGISTRATION FORM 2015 Youth Baseball / Softball / Kickball

***** DEADLINE EXTENDED TO MARCH 14 *****

Registration form must be received by March 14, 2015 with registration fee (\$25 kickball or \$35 baseball and softball) 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. Registration after March 14 carries a \$25 penalty. The absolute final day to register even by paying penalty is March 20. Skills assessment is 9-11 a.m., Saturday, March 14 at Crittenden County Middle School gym 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 and Dawson Springs.
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.

--- (Check One) ---

Kickball (ages 4-5 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) Minor (9-10) Major (11-12)
(Pitching Machine) (Live Arm) (Live Arm)

Girls' Softball Rookie (7-8) Minor (9-10) Major (11-12)
(Pitching Machine) (Machine & Live Arm) (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 hereby 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 / or The Crittenden Press
MAKE CHECKS PAYABLE TO CRITTENDEN COUNTY DUGOUT CLUB**