

2025 SPRING LEAGUE BASEBALL/SOFTBALL REGISTRATION Munfordville Sports Complex

| Player Name | | Ag | ge | |
|---|---------------------------|---------------------------|----------------------|--|
| Please Circle One: Male | Female | Date of Birth | | |
| Shirt Size (Circle One): | Youth: 4/5 6/8 | 10/12 14/16 | | |
| | Adult: Small Mediu | m Large X-Large 2X-I | _arge | |
| PREFERRED PROGRAM Baseball Softball League ages and brackets will | | t a good understanding of | our pool of players. | |
| REGISTRATION DEADLINE: APRIL 5TH @ 11:59 PM REGISTRATION FEE: \$50 (Includes uniform shirt, cap/visor, player insurance) | | | | |
| PLEASE NOTE: PLAYERS REGISTERING OR AWAITING PAYMENT AFTER APRIL 5TH WILL BE PLACED ON A WAITING LIST AND ARE NOT GUARANTEED A SPOT ON A ROSTER. FAMILIES WILL BE CONTACTED AND MADE AWARE OF THEIR STATUS ONCE THE LEAGUE REVIEWS THE NUMBER OF PRE-REGISTERED PLAYERS. | | | | |
| Parent/Guardian Name | | | | |
| Home Address | | | | |
| Parent E-mail address _ | | | | |
| Home Phone Cell Phone | | | | |
| Preferred Contact (Circle | l e One) : Home Ph | one Cell Phone | Email Text | |
| Are you willing to Coach | or Assist in Coachi | ng? Yes No | Maybe | |
| I, as the parent or legal guardian of give my permission for this child to participate in the Munfordville Sports Complex Program. I understand that neither the City of Munfordville can be held responsible for liabilities, either medical or otherwise, should my child be injured while participating. I also understand that in order for my child to be eligible, he/she must be covered by medical insurance. In addition, I authorize the Munfordville Sports Complex Program to obtain medical treatment for my child in ca of an emergency at the cost of the parent/family. | | | | |
| Parent Signature: | | | Date | |
| Please Return Registration and Payment to: | | | | |
| Munfordville Welcome Center, 113 Main Street, Munfordville, KY 42765 | | | | |
| For Official Use Only: | | | | |
| Payment Made Ca | ash Check | Date | | |