

Clarkson 2024 Softball Registration Form

Clarkson City Hall - 213 Millerstown Street

Phone: 270-242-6997

Park Manager Kevin Johnston: 270-528-1563

Player Information

Last Name First Name M.

Circle: Male or Female

Age of child as of August 1, 2024: _____

Birthday (mm/dd/yyyy) _____

Home Address:

House # Street

City State Zip

Email

Do you receive text messages? YES NO

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 Clarkson 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	\$60.00
2 Children	\$110.00
3 Children	\$150.00

Name who issued payment: _____

Received By: _____ Date: _____

After 3, each additional child is \$45.00.

Payment plan option available for those in financial need.

NOTE: FILL OUT ONE REGISTRATION FORM PER PLAYER.

REQUESTS REGARDING PLAYERS:

Check One

___ 8u Modified Machine Pitch ___ 14u Fast Pitch
___ 12u Slow Live Pitch ___ 16u Slow Pitch
___ 10u Fast Pitch

Team or Coach Last Year: _____

Season starts in late April & lasts 8-10 weeks.

Would you like to coach? YES NO

Shirt Size (circle one)

YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL

Note: if mailing registration form,

Mail check to:

Clarkson City Hall
PO Box 10, Clarkson, KY 42726

Make check payable to: **CITY OF CLARKSON**

Check or cash ONLY.

STAMP PAID HERE