



# Clarkson 2025 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 on August 1, 2025: \_\_\_\_\_

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.

Scholarships available for those in need. Ask for application. Deadline 3/10/25.

NOTE: FILL OUT ONE REGISTRATION FORM PER PLAYER.

REQUESTS REGARDING PLAYERS:

## Check One

\_\_\_ 8u Modified Machine Pitch

\_\_\_ 12u Fast Pitch

Team or Coach Last Year: \_\_\_\_\_

Season starts March 31.

**REGISTRATIONS MUST BE TURNED IN BY MARCH 25.**

**Would you like to coach?** YES NO

Shirt Size (circle one)

YXS(4-5) 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

P.O. Box 10, Clarkson, KY 42726

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

Check or cash ONLY.

STAMP PAID HERE