

# Clarkson 2024 Baseball & T-Ball 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 the premise 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

REQUEST REGARDING PLAYERS:

## Check One:

Division of play for Little League Baseball

\_\_\_\_ Tee Ball (4-6) \_\_\_\_ Minor (9-10)

\_\_\_\_ Coach Pitch (6-8) \_\_\_\_ Major (11-12)

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

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

**Would you be willing 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**

Cash or check ONLY.

STAMP PAID HERE