

**Marshall County Baseball, Softball and T-Ball
2016 Fall League Registration Form
Benton City Park/Mike Miller Park**

Please mail forms by August 12 to MCBSA, 1009 MAIN ST., BENTON, KY 42025
Please either mail forms in or turn in at registration.

**Registration Dates: DQ in Benton-August 6 & 13 from 10:00 A.M.-12:00 P.M.
Gattis – August 4 & 11 from 5:30-7:30 P.M. (Spirit Nights)**

PLAYER: _____ BIRTHDATE: _____

Male: Age as of April 30, 2016 _____ Female: Age as of January 1, 2016 _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

PARENT/GUARDIAN: _____

ARE YOU WILLING TO COACH? _____ ASSIST? _____ PLAYERS SEASONS OF EXPERIENCE: _____

(Background checks may apply for coaching)

EMAIL: _____

SOFTBALL:

- _____ 3-4 T-Ball
- _____ 5-7 Coach Pitch (new-using ump's)
- _____ 8-12 Slow Pitch (girls pitch-please practice)
- _____ 9-11 Fast Pitch
- _____ 12-14 Fast Pitch
- _____ 13-17 Slow Pitch
- _____ 18-21 Slow Pitch

BASEBALL:

- _____ 3-4 T-Ball
- _____ 5-6 T-Ball (Coach Pitch)
- _____ 7-8 Coach Pitch
- _____ 9-10 Live Arm
- _____ 11-12 Live Arm – Some games may be played in Murray.

FEES:

- \$30.00 T-Ball Cash _____
- \$40.00 All other Ck _____
- \$ 5.00 Discount 2 or more siblings

Make checks Payable to: MCBSA

SHIRT SIZE:

- _____ YXS (2-4) _____ YS (6-8)
- _____ YM (10-12) _____ YL (14-16)
- _____ AS _____ AM
- _____ AL _____ AXL

requested on shirt (1) _____ (2) _____

Name requested on shirt _____

I, the undersigned parent/guardian of _____ do hereby consent to agree in his/her participation in the Marshall County Baseball/Softball Association, Inc. I do hereby further release, discharge and waive the MCBSA, coaches, directors, board members, Mike Miller Park, H.H. Lovett Park and any other participants from any injuries or damages he/she might sustain by reason of his/her participation in the program including any and all tournaments.

I also grant to managing personnel or other league representatives the right to authorize and obtain medical care from any licensed physician, hospital or medical clinic should he/she become ill or injured while participating in league activities at any time when neither parent/guardian is available to grant such authorization.

Signature of Parent/Guardian: _____

