

Mike Miller Park Baseball and Fast Pitch Softball
2019 West KY Baseball Softball League Registration Form

Registration Dates: DQ in Benton February 23 and March 2
10:00 A.M to 12:00 P.M.

PLAYER: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

PARENT/GUARDIAN: _____

ARE YOU WILLING TO COACH? _____ ASSIST? _____ PLAYERS SEASONS OF EXPERIENCE: _____
(Background check will apply for coaching)

EMAIL: _____

FAST PITCH SOFTBALL: (age as of Jan. 1, 2019)

- ____ 7 yr old machine pitch
- ____ 8 yr old machine pitch
- ____ 9 yr old
- ____ 10 yr old
- ____ 11 yr old
- ____ 12 yr old
- ____ 13-14 yr old
- ____ 15-18 yr old

BASEBALL: (age as of April 30, 2019)

- ____ 7 yr old machine pitch
- ____ 8 yr old machine pitch
- ____ 9 yr old
- ____ 10 yr old
- ____ 11 yr old
- ____ 12 yr old
- ____ 13-14 yr old
- ____ 15-18 yr old

FEES:

\$50.00 **Cash** _____
 Ck _____

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 _____

Age groups may be combined as numbers dictate, in accordance with WKBSA rules.

I, the undersigned parent/guardian of _____ do hereby consent to agree in his/her participation in the Marshall County Baseball/Softball Association and or West KY Baseball Softball Association. I do hereby further release, discharge and waive the City of Benton, Marshall County Fiscal Court, 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: _____