

EDMONSON COUNTY BASEBALL/SOFTBALL REGISTRATION

P.O. Box 93, Brownsville, KY 42210

FEES (all fees are non-refundable): 1 Child \$55, 2 or more \$50 each

Deadline for applications February 19th

All applications must be mailed in to the above P.O. Box and postmarked by February 19th.

Depending on the number of teams, games will be played on Mon., Tues., Thurs., Fri., and Saturday

An application MUST BE COMPLETED (all 3 pages) AND ON FILE for each child playing (only one player per application) and ALL FEES PAID before any child will be placed on a team.

Player Information:

Boy ___ Girl ___

Full Birth Name: _____
(First, Middle, and Last Name)

Address: _____ Mother's Name: _____
_____ Cell Phone: _____

Home Phone: _____ Mother wants to coach, is certified, and willing to
attend coaches' meetings/trainings: __Yes __No

Player Cell Phone: _____ Father's Name: _____
Cell Phone: _____

Players Date of Birth: _____ Father wants to coach, is certified, and willing to
attend coaches' meetings/trainings: __Yes __No

***Individual must provide a copy of their coaching certificate to be considered for coaching.**

Age **Boy** will be **April 30, 2017** _____ Age **Girl** was on **Dec. 31, 2016** _____ *Tee Ball/Angel League is for 4-6 year olds and will bat off the tee. If your child is 6 by the cut-off dates above and you wish for them to be moved up into the Rookie/8U League please check here. _____

By signing in the space provided I give permission for my child's picture/video/likeness to be used by the Edmonson County Parks and Recreation department promotionally or as a participant in their program.

Date: _____

Player Shirt Size: Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Parent Shirt Size: If you wish to purchase a team shirt and/or hat the cost is \$10 each and must be paid for with registration. This is the **ONLY TIME** parent shirts and hats may be purchased. Please write in the number you are ordering and include an extra \$10 for each shirt and hat you order. **Parent shirts and hats that are not paid for in advance will not be ordered.**

___Adult S ___Adult M ___Adult L ___Adult XL ___Adult 2X ___Adult 3X ___Hat

EMERGENCY CONTACT INFORMATION:

Any medical condition we should be aware of? _____

Emergency Contact: _____

Relation to Player: _____

Phone: Home: _____ Cell: _____

Alternate Contact: _____

Relationship to Player: _____

Phone: Home: _____ Cell: _____

ALL AGES WILL BE REDRAFTED AND CONSIDERED OPEN TO ALL COACHES FOR THE DRAFT.

****Requests for your child to be placed on a certain team will not be accepted. If there is a valid reason why your child should not be on a certain team, with a certain coach, or with a certain player you can request for your child not to be on that particular team. You may select one team/coach/player that your child cannot play for/with on the line below:**

Note: Trophies awarded to first place teams only at season's end, all other participants to receive medallions.

DO NOT WRITE IN THIS BOX. IT IS FOR OFFICE USE ONLY:

Sign-up fee paid by: _____ Cash _____ Money Order _____ Check # _____ Amt pd: \$ _____
Money Order Type and #: _____ Has Sibling Playing: __Y __N
Extra T -Shirts and Hats ordered: _____ Shirts _____ Hats Amt pd: \$ _____
Date: _____ Received by: _____

Edmonson County Parks and Recreation

Code of Ethical Conduct

As a spectator, parent, official, player, participant, sponsor, supervisor, coach, manager, volunteer, and/or employee for the Edmonson County Parks and Recreation Department, you have the responsibility of representing the Edmonson County Parks and Recreation Department to the public. You have the responsibility to be a positive role model for youth and partner with other adults to ensure youth participate in a positive manner.

You shall:

- A. See that you adhere to a schedule of events as developed by others.
- B. Follow the established rules and guidelines of the Parks and Recreation Department.
- C. Act as a role model, including using proper language and behavior.
- D. Model respect for teams, officials, park personnel, and other persons.
- E. Refrain from participation in gossip or spreading of rumors.
- F. Instruct youth to treat the park areas with respect and care.
- G. Help all members of teams have a pleasant experience by making every attempt to include all players in all activities.

You shall not:

- A. Curse (malicious or otherwise, verbally, written, email, or electronically or by physical gesture) at another spectator, parent, official, player, participant, sponsor, supervisor, coach, manager, volunteer, and/or employee of the Edmonson County Parks and Recreation.
- B. Push, hit, strike or threaten (verbally, written, email, or electronically or by physical gesture) another spectator, parent, official, player, participant, sponsor, supervisor, coach, manager, volunteer, and/or employee of the Edmonson County Parks and Recreation.
- C. Throw equipment in a malicious manner.
- D. Use or be under the influence of drugs, alcohol, or controlled substances while on park premises before, during, or after an event.
- E. Act in an irrational manner or make a public spectacle or nuisance of one's self before, during, or after an event.
- F. Make any derogatory or inflammatory remarks toward another spectator, parent, official, player, participant, sponsor, supervisor, coach, manager, volunteer, and/or employee of the Edmonson County Parks and Recreation.
- G. Violate the rules and regulations of the activity or program in which you are involved.
- H. Participate in any act that undermines the league policy or procedures.
- I. Shall not instigate or contribute to any infraction listed in the Code of Ethical Conduct.

Those who find themselves unable to conduct themselves within the guidelines listed above may expect to be dismissed from the Edmonson County Parks and Recreation properties and programs for a period of time to be determined by the presiding Edmonson County Baseball Softball Board.

By signing below you are acknowledging that you have read, understand, and can adhere to the preceding Code of Ethical Behavior.

Signature (Parent/Guardian #1)

Date

Signature (Parent/Guardian #2)

Date



CONSENT FOR TREATMENT

Each Player must complete and have signed

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone _____

List of Any Allergies _____

Required Medication _____

Name of League _____

League Accident Insurance Company _____

League Accident Insurance Policy No. _____

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE _____ SIGNED _____

(Parent or Guardian)

Daytime Phone () _____ Home Phone () _____

Cell Phone () _____ Parents Health Ins. Co. _____

Policy # _____

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)