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 21st

APPLICATIONS WILL NOT BE ACCEPTED AFTER THIS DATE. All applications must be mailed in to the above P.O. Box and postmarked by February 21st.

Games will be played at Hwy 70 Park and Chalybeate Park

Depending on the Number of Teams, Games will be played on Mon., Tues., Thurs., Fri., and Saturday An application MUST BE COMPLETED AND ON FILE for each child playing (only one player per application) and FEES PAID before any child will be placed on a team roster.

Boy Girl Mother's Name:	<u>Player Information:</u>	Parent Information
Cell Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Mother wanting to coach: YesNo Phone: Home: Father's Name: Phone: Home: Cell: Phone: Home: Cell Phone: Cell P		M. d. A. M.
Address:	Birth Name:	Mother's Name:
Cell Phone: Mother wanting to coach: Yes No Phone: Home: Phone: Home: Phone: Home: Cell: Phone: Home: Cell: Phone: Home: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Father wanting to coach: Yes No Age Boy will be April 30, 2015 Father wanting to coach: Yes No Age Boy will be April 30, 2015 Sather wanting to coach: Yes No Age Boy will be April 30, 2015 Sather wanting to coach: Yes No No Parks and Recreation department promotionally or as a participant in their program. Date: Date:		II Di
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Cell:		_ Mother wanting to coach:YesNo
Date of Birth:		Father's Name:
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Age Boy will be April 30, 2015 Age Girl was on Dec. 31, 2014 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: Plaver 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: NOTE: 5 and 6 year olds will return to the same team as last year unless parents request to be redrafted. ALL OTHER 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. You may select one team/coach/player that your child cannot play for/with on the line below: FOR OFFICE USE ONLY: Experiment of the source of the particular team. You may select one team/coach/player that your child cannot play for/with on the line below: FOR OFFICE USE ONLY:	Date of Birth:	Cell Phone:
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Sign-u

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 all youth and partner with adults to ensure youth participate in a positive manner.

Responsibilities include:

- A. Adhering to a schedule of events as developed by others.
- B. Following the established rules and guidelines of the Parks and Recreation Department.
- C. Acting as a role model, including using proper language and behavior.
- D. Modeling respect for teams, officials, park personnel, and other persons.
- E. Refraining from participation in gossip or spreading of rumors.
- F. Instructing all youth to treat the park areas with respect and care.
- G. Helping all members of teams have a pleasant experience by making every attempt to include all players in all activities.

The following behaviors will not be tolerated:

- A. Cursing (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. Pushing, hitting, striking or threatening (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. Throwing equipment in a malicious manner.
- D. Using or being under the influence of drugs, alcohol, or controlled substances while on park premises before, during, or after an event.
- E. Acting in an irrational manner or making a public spectacle or nuisance of one's self before, during, or after an event.
- F. Making 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. Violating the rules and regulations of the activity or program in which you are involved.
- H. Participating in any act that undermines the league policy or procedures.
- I. Instigating or contributing 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	CityState
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 authorized in obtaining immediate Medical Care.	I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment are.
DATE	
Daytime Phone ()_	(Parent or Guardian) Home Phone ()
Cell Phone ()	Parents Health Ins. Co.
	Policy #
(Parents will be notified in case of serious illnimmediate treatment possible.	of serious illness or injury as quickly as they can be reached, but this will make