

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.

Player Information:

Parent Information

Boy ___ Girl ___

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

Mother's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Mother wanting to coach: ___Yes ___No

Phone: Home: _____

Father's Name: _____

Cell: _____

Phone: Home: _____

Date of Birth: _____

Cell Phone: _____

Father wanting to coach: ___Yes ___No

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: _____

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:** _____

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, 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:

FOR OFFICE USE ONLY:

Sign-up fee paid by: _____ Cash _____ Money Order _____ Check # _____ Amt pd: \$ _____

Has Sibling: ___Y ___N

Extra T-Shirts and Hats ordered: _____ Shirts _____ Hats Amt pd: \$ _____

Date: _____ Received by: _____

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 _____ 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.)