

# Campbell County Knothole League 2017 Season Classic Baseball Registration / Liability Release Form

<b>Name of Player:</b>	<b>Date of Birth:</b>
<b>Parent Name (Father):</b>	<b>Parent Name (Mother):</b>
<b>Application Status of Player:</b> <input type="checkbox"/> New Player <input type="checkbox"/> Remain on Same Team <input type="checkbox"/> Place in Draft/release from team	

1. I grant to the aforesaid minor child my permission to play baseball in the aforesaid league and to participate in any and all of the aforesaid league's activities.
2. I further grant to the aforesaid league and any of its agents or servants my permission to supervise, in a reasonable manner, the aforesaid minor child in his participation in any and all of the aforesaid league's activities.
3. I hereby release and forever discharge aforesaid league (including any and all its employees, agents or servants) from any and all claims, damages, actions, causes of action or suits of whatsoever kind and nature which may arise out of my mior's participation.
4. I further agree to protect the aforesaid releases against any claims, demands, damages, action, causes of action or suites of whatsoever kind and nature which may arise out of my minor child's participation as hereinafter set out and to reimburse or make good any loss or damage that the aforesaid releases may have to pay, if litigation arises out of my child's participation.
5. I understand and agree not to allow my child to participate in any other organized baseball league and tournaments during the regular playing season and tournament of District 45 Campbell County Knothole League without permission of regular season coach and league. Penalty: forfeiture of games played within Campbell County Knothole.
6. To the best of my knowledge, my child is physically fit and able to play the sport/activity listed above, and I agree as parent or guardian to furnish a doctor's statement to that effect when requested.
7. I understand for T-ball – D1 this league is a draft league.
8. I understand that if I wish to request a release for my child from his current team, it is up to me to request a release from the manager of the team.
9. I understand the participation within this league is voluntary and privileged. Conduct and actions at league activities that are not within the best interest if the league will be grounds for removal from such activities.
10. I understand and give permission for email addresses to be used for league purposes.

**I have read the above statement and understand the policies of Campbell County Knothole**

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Zip:** \_\_\_\_ **Email :** \_\_\_\_\_ **Cell or Work Phone:** \_\_\_\_\_

**2015 Team Name:** \_\_\_\_\_ **2015 Coach Name:** \_\_\_\_\_

**Special request** \_\_\_\_\_

**Player Class**

<b>AA</b> 5/1/98 to 4/30/01	<b>A</b> 5/1/01 to 4/30/03	<b>B2</b> 5/1/03 to 4/30/04	<b>B1</b> 5/1/04 to 4/30/05	<b>C2</b> 5/1/05 to 4/30/06	<b>C1</b> 5/1/06 to 4/30/07
<b>D2</b> 5/1/07 to 4/30/08	<b>D1</b> 5/1/08 to 4/30/09	<b>E2</b> 5/1/09 to 4/30/10	<b>E1</b> 5/1/10 to 4/30/11	<b>U5 T-Ball</b> 5/1/11 to 4/30/12	<b>U4 T-Ball</b> 5/1/12 to 4/30/13

**PAYMENT DUE: \$85.00 per Player, 3<sup>rd</sup> Player of same immediate family – No Charge**  
 Method of Payment:     Check /Money Order /(#)                       Cash                       Online                      Rep (        )

**IMPORTANT:** For mailed applications: NO CASH Accepted  ONLY CHECKS OR MONEY ORDERS ALLOWED.

**Returned check fee is \$25.00.**

**Return of Player Fee is \$10.00.**

**\*\* All late applicants will be placed on teams by roster availability only, no exceptions.**

Please be advised rosters will be filled at draft if possible.

League will place all late applicants, not coaches. **Due date for all applications is 2/18/17.**

Please remit form and payment to: **Campbell Co. Knothole League, P.O. Box 392, Alexandria, Ky. 41001**