Campbell County Knothole League

2018 Season Athletic Baseball Registration / Liability Release Form

Name of Player:	Date of Birth:
Parent Name (Father):	Parent Name (Mother):
Application Status of Player: [ ] New Player [ ] Remain on Same 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 minor'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 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.
8. 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 – District 45.

Signature of
Parent or Legal Guardian: _____ Today's Date: _____/_____/_____

Address: _____ City: _____ Phone: _____

Zip: _____ Email : _____ Cell or Work Phone: _____

2017 Team Name: _____ 2017 Coach Name: _____

Player Class ; circle appropriate class, Bsr (U13) Bjr(U12) Csr(U11) Cjr(U10 Dsr(U9) Djr(U8)

* Age class regulated by age of child prior to May 1st. No player my play in class below their respective age group.

**Athletic league Applications due by 1/31/2017. Applications received after that date will be placed by availability or regulated to Knothole Classic Division.

PAYMENT DUE: $95.00 per Player

Method of Payment: [ ] Check /Money Order /(#) [ ] Cash

[ ] online @ www.ccknothole.com 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.

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