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.

E U DI LI N	
Full Birth Name:	
(First, Middle, and Last Na	
Address	Mother's Name:Phone number:
	Father's Name:
	Phone number:
Mother wants to coach, is certified, and willing to	Father wants to coach, is certified, and willing to
attend coaches' meetings/trainings: _Yes _No	attend coaches' meetings/trainings:YesNo
*Individual mu	st provide a copy of their coaching
	thleague.org to be considered for coaching.
Age Boy will be April 30, 2018	Age Girl was on Dec. 31, 2017
and you wish for them to be moved up into the R above!	will bat off the tee. If your child is 6 by the cut-off dates above tookie/8U League please check here and circle your child's name for my child's picture/video/likeness to be used by the Edmonson tally or as a participant in their program.
Player Shirt Size: Youth XS Youth S Youth M	Youth L Adult S Adult M Adult L Adult XL
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 advance will not be ordered. Girls softball does iAdult SAdult MAdult LAdu EMERGENCY CONTACT INFORMATION:	hat you order. Parent shirts and hats that are not paid for in not require hats, so no parent hats ordered for girls teams.
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advance will not be ordered. Girls softball does a Adult S Adult M Adult L Adult M EMERGENCY CONTACT INFORMATION: mergency Contact: elationship to Player: come: Cell: Any medical condition we should be aware of? ALL AGES WILL BE REDRAFTED AND CON**Requests for your child to be placed on a certain child should not be on a certain team, with a certain be on that particular team. You may select one team	hat you order: Parent shirts and hats that are not paid for in not require hats, so no parent hats ordered for girls teams. ult XLAdult 2XAdult 3XHat Alternate Contact: Relationship to Player: Phone: Cell:
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Edmonson County Parks and Recreation <u>Code of Ethical Conduct</u>

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.

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 Dept.
- 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.
- 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.

*** First offense—One year suspension—no appeal: Second offense—Permanent Dismissal from ALL EC Parks and Recreation Dept. youth sports activities.

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 preceding Code of Ethical Behavior.	u have read, understand, and can adhere to the
Signature (Parent/Guardian #1)	Date
Signature (Parent/Guardian #2)	Date

Print Form



CONSENT FOR TREATMENT

Each Player must complete and have signed

ame of Player		Player's Age	
ome Address	City	State	
mily Physician_			
st of Any Allergies			
equired Medication			
ame of League			
eague Accident Insurance Company			
In case of an accident or illness, t hereby authorit			
In case of an accident or illness, thereby authors, in obtaining immediate Medical Care	or a representative of Babe Ruth League,	Inc. to use his her judgment	
In case of an accident or illness, thereby authors in obtaining immediate Medical Care DATE SIGNED Daytine Phone ()	Turent or Guardiani Horne Phone ()	Inc. to use his her judgment	
ague Accident Insurance Policy No	Torseas a Ginardiani Home Phone (*) Parents Health Ins. Co.	Inc. to use his her judgment	
In case of an accident or illness, I hereby author, in obtaining immediate Medical Care DATI SIGNED Daytine Phone ()	Parents Health Ins. Co.	Inc. to use his her judgment	