

## CITY OF NEW HAVEN RECREATION LEAGUE



The **2024** Season will begin the 1<sup>st</sup> week of June and end the last week of July. Registration deadline is April 15<sup>th</sup>. Please call City Hall @ 549-3177 if you have any questions. **Registration fee is \$25.00.** 

T-Ball – 3 & 4 year olds Coach Pitch – 5 & 6 year olds Pitching Machine – 7-10 year olds Kid Pitch – 11-14 year olds

**Indicate Physical Limitations or medical concerns:** 

Please complete the following information and make checks payable to: **City of New Haven,**Mail to P. O. Box 98, New Haven, KY 40051 or drop it off at City Hall.

Players Name\_\_\_\_\_\_\_ Circle one: Female Male

Address \_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_

Age on September 1, 2024\_\_\_\_\_ Shirt Size \_\_\_\_\_\_ Preferred Number Choice \_\_\_\_\_\_

Guardian's Name \_\_\_\_\_

Contact #\_\_\_\_\_

Circle one: I will coach a team. I will help coach a team. I am not interested in coaching.

Please list any special request \_\_\_\_\_\_

I/We the parents of the above-mentioned candidate for a position on a team hereby give my/our approval to participate in any and all League activities. I/We know participation in baseball and/or softball may result in serious injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of New Haven, the organizers, sponsors, supervisor, participants, and persons from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by liability insurance. I/We agree in case of emergency, if family physician cannot be reached, authorize the above child to be treated by another qualified licensed physician who is available.

Parent or Guardian Signature	Date