

[www.nckylittleleague.org](http://www.nckylittleleague.org)  
Email [littleleague@bardstown.com](mailto:littleleague@bardstown.com)  
**2010 Bardstown - Nelson Co. Little League**

Thank you for signing your child up for Little League Baseball/Softball. The regular season for Baseball will begin in April and end in June, for Softball and T-ball the regular season will begin in May, and end the last of June.

**Deadline for ALL League Sign Ups is March 1, 2010**

This includes all age groups that participate in the Bardstown-Nelson County Little League program.

**Late Signups:**

Any player registering after the deadline will be assessed a \$10 late fee and risks not being assigned to a team. If the late registrant is not assigned to a team then the registration fee will be refunded.

**Mailing Address and Instructions:**

Make all checks out to the **Bardstown-Nelson Co. Little League.**

Mail check and forms to:

Bardstown-Nelson County Little League  
P.O. Box 384  
Bardstown, Ky. 40004

**(The Recreation Department will not accept forms)**

**Cost to Play**

- \$45 per child for 5 & 6 year olds playing T-ball
- \$65 per child for all other age divisions thru age 12
- \$100 per child for Big League Baseball ages 13-15 (these players do not apply to the \$145 family max)
- \$145 max for children living in the same household.

**Player Profile:**

Player's Name \_\_\_\_\_ Player's Date of Birth \_\_\_\_\_ Male/Female: \_\_\_\_\_

Boy Player's Age on **April 30, 2010** \_\_\_\_\_ Girl Player's Age on **December 31, 2009** \_\_\_\_\_

**Circle Age Group Played Last Year:** T-ball    7/8 yr Machine Pitch Baseball    Minor Player Pitch 9/10yrs Baseball

**Major Player Pitch 11/12 yrs Baseball    13-15 Big League Baseball    Girls Softball 7-9    Girls Softball 10-12**

**I am interested in participating in a fall league this year.**                      **Yes**                      **No**

Last Years Coach's Name \_\_\_\_\_ Last Years Team \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Player Shirt Size (Circle One)	<u>Youth Size</u>			<u>Adult Size Shirt</u>		
	Small	Med	Large	Small	Med	Large
	6-8	10-12	14-16			

Guardian's Name \_\_\_\_\_ Phone #1(502) \_\_\_\_\_ Phone (502) \_\_\_\_\_

Guardian Address \_\_\_\_\_

Guardian Email Address \_\_\_\_\_

**All coach's and assistant coach's must have completed a coaching application available online at [www.cityofbardstown.com](http://www.cityofbardstown.com) or [www.nckylittleleague.org](http://www.nckylittleleague.org), the recreation dept. or Bardstown Sporting Goods before being considered for coaching including player drafts. (please see reverse)**

Please circle **one** if interested:

**I will COACH a team**

**I will HELP COACH a team**

***My company would like to either Sponsor or Co-Sponsor a team~ YES NO ~*** If Yes, you will be sent information concerning Sponsorship. Little League always needs help and appreciates those companies that make it possible for us to play on a year to year basis.

Family Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Family Insurance Plan \_\_\_\_\_

Parents Employer(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Other Number \_\_\_\_\_

Emergency Relationship \_\_\_\_\_

Indicate Physical Limitations or medical concerns. \_\_\_\_\_

I/We the parents of the above mentioned candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from activities. I/We know Participation in baseball and/or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Bardstown-Nelson County Little League, Inc, Little League Baseball Incorporated, the organizers, sponsors, supervisor, participants, and persons transporting my/our child to and 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 accident (\$50 deductible per claim) or liability insurance. I/We agree in case of emergency, if family physician cannot be reached, authorized the above child to be treated by another qualified licensed physician who is available. We further agree to act in a professional manner and to treat league officials, coaches and umpires with respect at all times. We understand that failure to do so will result in the offender being asked to leave the premises immediately and a suspension from attending at least the next game and possible a permanent suspension. Failure to leave the premises immediately when asked by an umpire or a league official will result in law enforcement being called to remove the offender.

Parent(s) or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

If you are interested in receiving email communications regarding Nelson County Little League Baseball and Softball then email [littleleague@bardstown.com](mailto:littleleague@bardstown.com) and ask to be added to our email list.