

Application

Name: _____ Age: _____

Phone: _____ E-mail: _____

Address: _____

City _____ State: _____ Zip: _____

Birthdate: _____ Gender: male female

Throws: right left Bats: right left both

Height: _____ Weight: _____

Very important to circle the correct size, we will only order one time so please make sure you circle the correct size.

T-shirt size(circle one): Youth S(6-8) M(10-12) L(14-16)

Adult S M L XL

Position: _____

Parents' Name: _____

**P.O. Box 406
E-Town Ky. 42702**

**Phone:(270)765-7478
Fax:(270)765-5169**

Condition of Application (Applications void without signature below):

I/We, being the parents and/or legal guardians of the applicant, authorize the staff of The Players' Dugout, Inc. and its agents to act for the above named applicant according to their best judgment in any emergency requiring medical attention and, hereby, waive and release The Elizabethtown Parks and Recreation and The Players' Dugout, Inc., its officers and its staff members from any and all liability for any injuries or illness incurred for the above named applicant while participating in any Players' Dugout Baseball Training Program. Further, I/We claim that the registrant has had a physical examination in the past year and has been found fit for all physical endeavors.

Signature of parent and/or guardian:

_____ **Date** _____