

# LUDLOW BUFFALO ATHLETIC CLUB FASTPITCH SOFTBALL

612 Adela Ave Ludlow, KY 41016  
Brad Ladanyi 859-491-3769      www.ludlow.org/labc-softball.htm

## \*\* PAYMENT DUE: \$65.00 per Player \*\*

Player's First Name: \_\_\_\_\_ Player's Last Name: \_\_\_\_\_

Age as of 1/1/08: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name: \_\_\_\_\_

Does the player have any medical conditions that Ludlow A.C. needs to be aware of: \_\_\_\_\_

I am interested in being a head coach for my child's team: Yes No

I am interested in being a parent helper for my child's team: Yes No

**Player Shirt Size:**      Youth Size    S M L XL      Adult Size    S M L XL XXL

### Waiver/Exclusion Clause

(Please read carefully and sign below)

- I grant to the aforesaid minor child my permission to play softball in the aforesaid league and to participate in any and all of the aforesaid league's activities.
- 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 her participation in any and all of the aforesaid league's activities.
- I hereby release and forever discharge Ludlow Schools, Ludlow Athletic Club and Tom Braun Girls Softball Association (including any and all of its employees, agents or servants) from any and all claims, damages, actions or suits of whatsoever kind of nature, which may arise out of my minor child's participation.
- I further agree to protect the aforesaid releases against any claims, demands, damages, action, causes of actions or suites of whatsoever kind and nature, which may have to pay, if litigation arises out of my child's participation.
- 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 if requested.
- I understand the participation within this league is voluntary and privileged. Conduct and actions at league activities that are not within the best interest of the league will be grounds for removal from such activities.

**I have read the above statement and understand the policies of Ludlow A.C. and Tom Braun Girls Softball Association:**

**Signature of Parent**

**or Legal Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

<b>Class of Player:</b>	<b>14U (not 15 before 1/1/08)</b>	<b>12U (not 13 before 1/1/08)</b>
(League to complete)	<b>10 U (not 11 before 1/1/08)</b>	<b>8 U (not 9 before 1/1/08)</b>

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Accepted By \_\_\_\_\_ Date \_\_\_\_\_

**Ludlow Buffalo Athletic Club**

**Receipt**

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Accepted By \_\_\_\_\_ Date \_\_\_\_\_