

Clone of 2012 Winter Season Adult Kickball League Team Registration



Left

CategoriesForms, Permits, and Applications List

This Team Form must be received before deadline in order to be considered. The deadline for Winter 2012 is 5pm, October 21st. All forms must be in the PARD Office before that time. On-line form will not be accepted unless the minimum of 10 players are listed on the form. Partial teams will not be accepted.

Name of Team: *

First & Last Name of Head Coach: *

Daytime Phone for Head Coach: *

Include Area Code

Daytime Email for Head Coach: *

First & Last Name of Assist Coach 2:

First & Last Name of Assist Coach 1:

Choose a Division: * Women's on Thursday nights

Co-ed on Friday Nights

Pick only one per form

First & Last Name of Player 1: *

First & Last Name of Player 2: *

First & Last Name of Player 3: *

First & Last Name of Player 4: *

First & Last Name of Player 5: *

First & Last Name of Player 6: *

First & Last Name of Player 7: *

First & Last Name of Player 8: *

First & Last Name of Player 9: *

First & Last Name of Player 10: *

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First & Last Name of Player 11:

First & Last Name of Player 12:

First & Last Name of Player 13:

First & Last Name of Player 14:

TERMS OF ACCEPTANCE and SIGNATURE

I agree that I am 18 years old or above, or the legal guardian of any child under the age of 18 years old participating in this program or event. I agree that falsification of any information on this information/registration form may disqualify me or my child from this program or event.

In consideration of the acceptance of my or my child's information/registration form for this program or event, I hereby release the CITY OF KYLE, KYLE PARKS and RECREATION DEPARTMENT, and their agents, employees, officers, and servants from any and all damages and injuries which may occur while I or my child participates in this program or event. I further certify that I have legal authority to execute this release on behalf of myself or my child. I also agree that I have received and read this information/registration form completely. I understand that the CITY OF KYLE PARD or program/event staff have the authority to remove participants from the program/event without refund. I agree the CITY OF KYLE may use photographs of me or my child to promote City of Kyle Parks and Recreation Department programs and events. I agree that I have given my authorization for myself or my child to receive medical attention in case of injury or an emergency.

Signature: *

Please type your First and Last Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

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