



KICKBALL LEAGUE REGISTRATION FORM & WAIVER

Player Information:

Name (first, last)

Date of Birth:

Gender (chosed one) M F

Phone Number

E-Mail Address

Address, city, State, Zip

Parent / Guardian Name :

Emergency or Cell Phone

I understand that this event is potentially hazardous, and that my child should not enter and participate unless medically able and properly trained. I assume full responsibility for any injury or accident which may occur while traveling to or from the event, during the event, or while on the premises of the event. I also am aware of and assume all risks associated with this event, including but not limited to falls, contact with other participants, officials, coaches, spectators, field conditions, weather, traffic, and conditions of the road.

I hereby release the City of Elsmere and each of its agents from any liability arising out of my participation in this event. This waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties.

I understand the entry fee is non-refundable and non-transferable. I hereby grant full permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Parent/Guardians Signature

Date

Return this form to:

**City of Elsmere Attn: Parks and Rec. 318 Garvey Avenue or email to
denise@cityofelsmere.com**