



LAGUNA LITTLE MISS KICKBALL 2017 REGISTRATION FORM



PLEASE PRINT CLEARLY AND COMPLETE ALL ITEMS IN PEN

Player Name			For League Use Only											
Address			Division			Returning Team								
City ST Zip			Playing Age as of 8-31-2017											
Home Phone		Cell Phone		Date of Birth				4 5 6 7 8 9 10 11 12 13 14 15 16 17 18						
Age as of 8-31-2017			What Team Were You On Last Year?			Registration Status Regular Late			Draft Status Returning Player-NO TRYOUT Moving Up Request Draft New Player					
Email address:									Option Status CO SO Other _____					
Parents are able to volunteer for the following:									Additional Notes:					
Coach Concession Field Maintenance Umpire Scorekeeper Team Parent Board Member Sponsor									Birth Certificate on File Yes No			Draft #		
Lives with? Mother Father Both Parents Guardian			Father/Guardian Name			Home Phone			Registration Fees					
Address			Work Phone			Total Fee:						TRANSACTION DETAIL		
City Zip			Cell Phone			PAID AMOUNT			CASH CHECK# Receipt#					
Mother/Guardian Name			Home Phone			PAID AMOUNT			CASH CHECK# Receipt#					
Address			Work Phone			Balance Due:			League Official:					
City Zip			Cell Phone			Please describe those needs:								
Are there any special needs for your child? YES NO									Person to contact in case of an emergency:			Phone Number:		
UNIFORM SHIRT SIZE: Please note any shirts reordered due to incorrect size chosen will be charged a reorder fee.									YOUTH			ADULT		
YSMALL YMEDIUM YLARGE ADULT SMALL			SMALL MEDIUM LARGE X-LARGE XX-LARGE											
Parental/Guardian Consent						Photography/Video Release								
I/We, the parents and/or guardian of the child named above as a candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risks and hazards incidental to such participation and activities, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the this league, the chartering organization (Little Miss Kickball International, Inc.), the City the League resides, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of an 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 and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to pay to the League any, and all, registration and uniform fees in the amount determined in accordance with the fee schedule. I/We will furnish a certified birth certificate for the above named candidate to league officials prior to the start of the playing season.						I/We, DO / DO NOT (Circle One) give permission for my/our child to be included in photographs, and/or videotape productions for the purposes of event-sponsored publications, multimedia presentations, and for display on a password-protected website where the images may be made available for purchase								

Parent/Guardian Signature: _____ Date: _____

Fundraising

I DO UNDERSTAND THAT MY CHILD IS REQUIRED TO PARTICIPATE IN LEAGUE FUNDRAISING _____ Initial



EMERGENCY AUTHORIZATION AGREEMENT

LEAGUE COPY

Name of player _____ Age: _____

TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:

“The undersigned is a parent, guarding or managing conservator of _____ a minor, _____ years of age, who is a registered member of Little Miss Kickball International, Inc. In the event my daughter should need emergency medical treatment requiring the consent of a parent, guardian or managing conservator, and it is the opinion that there is not sufficient time to obtain my consent, then, under these circumstance, I authorize **Laguna Little Miss Kickball** to act as temporary guardian of my daughter and authorize him/her to consent to such surgery and other medical treatment as is recommended by the attending physician or emergency medical personnel as the case may necessitate.”

“By my signature below, I agree to assume all responsibility for paying all reasonable and necessary costs and expenses of such treatment, and I further agree to indemnify and hold harmless, Little Miss Kickball International, Inc., it’s Board of Directors and its employees, chartered leagues and their Board of Directors, as well as umpires, team coaches and sponsors.”

(Signature of Parent, Guardian or Managing Conservator) Date: _____

Mothers Name: _____ Fathers Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mom: Home Phone: _____ Work: _____ Mobile: _____

Dad: Home Phone: _____ Work: _____ Mobile: _____

Child’s Physician, Address and Phone No.

Medical Problems/Allergies/Medication

TRAVEL PERMISSION FORM

My daughter, _____, has my permission to travel for all organized activities of Little Miss Kickball International, Inc. and **Laguna Little Miss Kickball League**. My child **(does) (does NOT)** have my permission to go swimming, if available.

“By signing this form, I hereby release and agree to indemnify and hold harmless, Little Miss Kickball, International, Inc. it’s Board of Directors and it’s employees, chartered leagues and their Board of Directors, as well as umpires, team coaches and sponsors from any and all liability which is not covered by insurance, save and except, incidents arising out of intentional acts committed by the individuals released hereby. In any advent, Little Miss Kickball International, Inc. shall not be held liable or responsible for the intentional acts of individuals acting outside the scope of a Corporation Officer, League Officer, employee, umpire, team coach or sponsor.”

“I understand that as a parent, I am responsible for informing my daughter’s league and coaches of the existence of any court order affecting custody of my child. By signing below, I understand and agree, that neither the league, coaches, sponsors or Little Miss Kickball International, Inc. will be responsible for relinquishing possession or custody of my child to a parent or legal guardian of my child unless I inform them and provide them with a copy of such an order that specifically sets forth the terms and conditions affecting custody of my child.”

(Signature of Parent, Guardian or Managing Conservator) Date: _____



EMERGENCY AUTHORIZATION AGREEMENT

COACH'S COPY

Name of player _____ Age: _____

TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:

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Street Address: _____ City: _____ State: _____ Zip: _____

Mom: Home Phone: _____ Work: _____ Mobile: _____

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Child’s Physician, Address and Phone No.

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