



REGISTRATION FORM

Draft Number

Registration Date: _____

Player Name _____
First Name _____ **Middle Name** _____ **Last Name** _____
 Date of Birth _____ **Birth Certificate on file** Yes No
 Month Day Year

Do you plan to return to last year's team if eligible? Yes No **Team** _____

Health Concerns _____ Additional Comments _____

Lives with: Mother Father Both Parents Alternate between parents Guardian

Father/Guardian: _____ Home Phone _____
 Address _____ Cell Phone _____
 Occupation _____ Work Phone _____
 Email _____ Home Phone _____

Mother/Guardian : _____ Cell Phone _____
 Address _____ Work Phone _____
 Occupation _____
 Email _____

Emergency Contact: _____ Relationship to Child _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Volunteers are vital for the survival of our league. Please Check at least one category you can assist our league in for the upcoming season.

COACH SPONSOR CONCESSION FIELD MAINTENANCE UMPIRE SCORE KEEPER FUNDRAISING

Fundraising

It is a requirement to participate in the fundraising efforts of the league. There are two fundraisers each season. If you choose not to participate in a fundraiser you must pay a predetermined amount to the league for non-participation.

Parental/Guardian Consent

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 do hereby waive, release, absolve, indemnify, and agree to hold harmless this league, the chartering organization(Little Miss Kickball International), the City in which 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 copy of a certified birth certificate for the above-named candidate to league official prior to the start of the playing season.

Parent/Guardian Signature: _____

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 available for purchase.

Parent/Guardian Signature: _____

Amount Due: _____ **Amount Paid:** _____ **Cash** **Check** **Credit Card**