

4th of July Kickball- Team Registration Form

Please print clearly and fill out this form completely.

*Each participant must fill out an individual registration form w/ waiver. *

*Important information and participation waiver on back of form.

KICKBALL TEAM CAPTAIN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ EMERGENCY PHONE: _____

TEAM MEMBER NAME	SEX	BIRTHDATE	TEAM MEMBER NAME	SEX	BIRTHDATE

OFFICE USE ONLY

PAYMENT: CASH: _____ CHECK: _____

DATE OF PAYMENT: _____

TOTAL AMOUNT PAID: _____

Registration Form Continued

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, to consult a physician before undertaking any physical activity.

Warning of Risk Recreational activities/programs are intended to challenge and engage physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist.

Waiver and Release of all Claims and Assumption of Risk Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing any and all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in these programs/activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in any and all programs/activities against the City of Raymondville, The Raymondville Chamber of Commerce), including its officials, agents, volunteers, independent contractors, instructors and employees.

The City of Raymondville and The Raymondville Chamber of Commerce reserves the right to use all photographs taken at community events, programs, and classes for publications and/or promotional purposes.

I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization. If registering on-line or via fax my on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.

X_____

SIGNATURE OF PARENT/GUARDIAN OR PARTICIPANT

DATE

PRINT NAME OF PARENT, GUARDIAN OR PARTICIPANT

EMPLOYEE ACCEPTING REGISTRATION