

Kicking Abilities Aside

Celebrating abilities one kick at a time...

Kickball Registration Form

Athlete's name: _____

D.O.B: _____ Gender: Male Female

Address: _____

City: _____ Zip: _____ County: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Athlete Shirt Size: Youth S M L

Adult S M L XL 2X

Kickball Division:

5-11 yr olds 12-17 yr olds 18 yrs and older

Volunteer Opportunities:

Coach Team Parent Picnic (End of Season)

Release of Liability:

With the signing of this contract, parents and player hereby release the Kicking Abilities Aside organization, coaching staff, board of directors, and other players from and against any and all claims, injuries, and/or damages which the player and /or parent may suffer during or as a result of the player's participation in the United Fastpitch travel softball team, including but not limited to travel to and from practices, games, tournaments, and/or related activities. Parents shall indemnify the Kicking Abilities Aside, coaching staffs, board of directors, and other players from and hold them harmless against any and all losses, liabilities, claims, damages, cost and expenses including legal fees and court costs of or in connection with the player's participation in the Kicking Abilities Aside and/or the player's performances of the terms of this agreement.

Photo Release:

I agree to grant the Kicking Abilities Aside organization and its authorized representatives' permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote the Kicking Abilities Aside organization, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Authorization to Play and Medical Care:

I, _____ the undersigned parent or legal guardian of _____ do hereby authorize Kicking Abilities Aside organization to consent to any X-ray examination, medical, surgical, and or dental diagnosis or treatment and hospital care to be rendered to the above-named minor under the general or special supervision of a physician, surgeon, or dentist licensed under the laws of the State of Michigan. In giving this consent, I RECOGNIZE AND FULLY UNDERSTAND that in those situations where the above named player requires immediate medical or hospital care, it may not be possible to contact me, and in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risk attendant to foregoing all treatment. In such situations, I authorize a physician, surgeon, or dentist to exercise his/her professional judgment and choose the necessary treatment, and to render such care and perform such treatment as he/she determines necessary for the health and safety of the above-named minor. I understand that this is a participatory sport, and although the Kicking Abilities Aside organization, its' coaches, team parents, and all other volunteers will take all reasonable steps to help ensure the safety of the players, the possibility of injury or death does exist.

Players Doctor Name: _____ Phone: _____

Hospital preference: _____

Relevant medical conditions or information: _____

In case of emergency notify: _____ Phone: _____

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

With our signatures, we have executed this agreement and release of all claims freely and without restraint or reservation of any kind or nature. We have read, fully understand and agree to abide to each and every item and condition set forth within this player/parent contract and guidelines.