

## ADULT COED KICKBALL LEAGUE REGISTRATION FORM

NAME:	AGE:	_ SEX: M / F
ADDRESS:		
HOME PHONE:	WORK OR CELL PHONE:	
EMAIL:		
TEAM NAME:		
SPECIAL NEEDS:		
ALLERGIES OR INTOLERANCE TO FOO	OD, MEDICATION, ETC., AND ACTION T	O TAKE IN
CASE OF EMERGENCY:		
PHYSICIAN:	PHONE:	
NAMES AND NUMBER OF 2 PEOPLE T	O CONTACT IN CASE OF EMERGENCY	
1)	PHONE:	
2)	PHONE:	
TYPE OF INSURANCE: COMPANY WITH WHOM INSURANCE O	COVERAGE IS OBTAINED:	
	WAIVER	
LEAGUE. I ACKNOWLEDGE THAT I AM COULD BE INCURRED DURING THIS P CONNECTED WITH THE WASHINGTON WASHINGTON COUNTY SCHOOL SYS' LIABLE IN THE EVENT OF AN ACCIDEN ABIDE BY THE ADULT COED KICKBALI	AGREE TO PARTICIPATE IN THE ADUL RESPONSIBLE FOR ANY MEDICAL BILL PROGRAM AND DO NOT HOLD ANYONE N COUNTY RECREATION DEPARTMENT TEM, OR ANY OTHER PROGRAM SPON NT. I HAVE READ, UNDERSTAND AND A L LEAGUE OFFICIAL RULES AND REGU	LS THAT :- ; SORS GREE TO
SIGNATURES:	DATE	
PARTICIPANT:		8)