



Registration Number: _____
LEAGUE USE ONLY

P.O. Box 6212
 Corpus Christi, Texas 78466-6212

REGISTRATION FORM

Registration Date: _____

Player Name: _____
First Middle Last

Date of Birth: _____
Month Day Year Certificate on File: **Y N**
Check One

Years Kickball Experience at Southside: _____ PW _____ JR _____ SR _____ TA

Other Leagues: _____ PW _____ JR _____ SR _____ TA
Name League(s)

Do you plan to return to last year's team, if eligible? **Y N** **Shirt Size?** **YS YM YL AS AM AL XL**
If so, what team? _____ Check One Check One

Comments/Health Problems: _____

Lives with? **Mother Father Both Parents Guardian**
Check One

Father/Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____
Street Zip

Occupation: _____ Work Phone: _____

Email: _____

Mother/Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____
Street Zip

Occupation: _____ Work Phone: _____

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 | Fund Raising |
| Registration Fees: | 1 Child | 2 Children | 3 Children | | | |

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 the candy fundraiser; you must pay a predetermined amount to the league for 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 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 local league (**Southside Little Miss Kickball League**), the chartering organization (**Little Miss Kickball International, Inc.**), the City of Corpus Christi, 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 **Southside Little Miss Kickball 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.

Parent/Guardian Signature: _____

Photography/Video Release

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: _____

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Amount Due: _____ Amount Paid: _____ Method of Payment: Cash/Check # _____