



Thursday Night Kickball Registration

(Please Print)

Coach's Name _____ Birthday ____/____/____
First Middle Initial Last

Address _____
Number/Street City Zip

Phone _____ Email _____

Additional Contact _____ Phone _____ Email _____

Team Name _____ Sponsor Name _____

League Fee: \$250 Night of the Week: Thurs _____

I hereby agree to participate in the League indicated above, Conducted by the City of Madeira Beach, and to abide by Department rules/regulations. I understand that injuries, included but not limited to broken and/or sprained arms, legs, ankles and backs, are inherent to athletic competition. I further understand that the City of Madeira Beach does not provide insurance coverage for participants or spectators. I hereby release the City, the Parks and Recreation Department and any City employee or volunteer of any and all liability and assume full responsibility in case of injury or accident, during or after activity.

I give full permission to have any photographs or images taken at a City of Madeira Beach Event or program to be used in the City's advertising flyers, brochures, website, TV station, and newsletters.

I also agree to have all members of my team correctly fill out and sign the roster/registration/waiver form prior to the first night of games.

SIGNATURE

DATE

<p>METHOD OF PAYMENT</p> <p>Cost: _____</p> <p>Paid: Check # _____ Money Order # _____</p>	<p>STAFF ONLY</p> <p>Form & Payment Processed by: _____</p> <p>Receipt # _____ Date _____</p>
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