

League Use only

Kickball-Registration Form 2015

DIV _____

Team _____

El Paso Special Needs Lions Club Kickball League
2015 Season Registration Form

_____	_____	____/____/____	_____
Player's Last Name	Player's First Name	Date of Birth	Age
_____	_____	_____	_____
Player's Street Address	Zip Code	Player's Home Tel.	Player's School
_____	_____	_____	_____
Father's Name	Work phone	Home phone	Cell phone
_____	_____	_____	_____
Mother's Name	Work phone	Home phone	Cell phone
_____	_____	_____	_____
Father's Employer	Father's email	Mother's Employer	Mother's email
_____	_____	_____	_____
Are there special needs for your child (player)? _____ Yes _____ No			
If yes, please describe those needs _____			

Liability Release

My daughter/son _____, has permission to play kickball or participate in other organized activities sponsored by the El Paso Special Needs Lions Club. By signing this release, I hereby release and agree to indemnify and hold harmless, El Paso Special Needs Lions Club, City of El Paso, Miracle League of El Paso, and Junior League of El Paso, Inc. its employees and any volunteers participating in the El Paso Special Needs Lions Club functions as well as umpires, team coaches, and sponsors from any and all liability which is not covered by insurance, save and except, incidents arising out of intentional acts committed by the individuals released hereby. In any event, El Paso Special Needs Lions Club and all the individuals acting outside the scope of an officer, volunteer, employee, umpire, team coach, or sponsor. I understand that as a parent, I am responsible for informing my daughter's/son's league and coaches of the existence of any court order affecting custody of my child. By signing below, I understand and agree, that neither the either League, coaches, sponsors nor any of the above mentioned organizations or individuals will be responsible for relinquishing possession or custody of my child to a parent or legal guardian of the child, unless I inform them and provide them a copy of such order that specifically sets forth the terms and conditions affecting custody of my child.

Signature of Parent, Guardian or Managing Conservator_____
Date_____
Street Address_____
Zip Code

Kickball Registration Form 2015

REGISTRATION:

Please complete the registration form and waiver, include fee \$25 paid to: El Paso Special Needs Lions Club. A fee of \$25 for returned checks will be assessed.

Space is limited, with registration subject to a first-come basis. A waiting list will be established in the event the rosters are filled. The fee covers team t-shirts and an award at the end of the season.

EMERGENCY AUTHORIZATION AGREEMENT

Name of player _____ Age _____

TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:

The undersigned is a parent, guardian, or managing conservator of _____,

a minor, _____ years of age, who is a registered member of the El Paso Special Needs Lions Club Kickball League or other function. In the event my daughter/son should need medical treatment requiring the consent of a parent, guardian, or managing conservator, and it is the opinion there is not sufficient time to obtain my consent, under these circumstances, I authorize

_____ to act as temporary guardian of my daughter/son and authorize her/him to consent to such surgery and/or other medical treatment as is recommended by the attending physician or emergency medical personnel, as the case may necessitate. By my signature below, I agree to assume all responsibility for paying all reasonable and necessary costs and expenses of such treatment, and I further agree to indemnify and hold harmless, El Paso Special Needs Lions Club, City of El Paso, Miracle League of El Paso, and Junior League of El Paso, Inc. its employees and any volunteers participating in the El Paso Special Needs Lions Club functions as well as umpires, team coaches, and sponsors.

Signature of Parent, Guardian, or Managing Conservator

Date

Street Address

Zip Code

Home phone

Work/Business phone

Cell phone

Child's Physician

Address

Phone number

Please list Medical Problems and/or Allergies: _____

Uniform sizes- Please note that any incomplete or incorrect information resulting in a change to the uniform will result in a fee for the parent to have the uniform reprinted. The fee is \$20.

Team Shirt Size **Adult Small** _____ **Adult Medium** _____ **Adult Large** _____

Adult X Large _____ **Adult XXL** _____ **Adult XXXLarge** _____

Youth Small _____ **Youth Medium** _____ **Youth Large** _____ **Youth XLarge** _____