



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**
Circle 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? _____ Circle One Circle One

Comments/Health Problems: _____

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

FATHER/Guardian: _____ Home Phone: _____

Address: _____
Street Zip

Cell Phone: _____

Occupation: _____ Work Phone: _____

Email (REQUIRED): _____

MOTHER/Guardian: _____ Home Phone: _____

Address: _____
Street Zip

Cell Phone: _____

Occupation: _____ Work Phone: _____

Email (REQUIRED): _____

Emergency Contact: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Volunteers are vital for the survival of our league. Please **CIRCLE 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 MANDATORY** 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.

THERE ARE NO REFUNDS ON REGISTRATION!

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: _____

LEAGUE USE ONLY

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