



Registration Number: _____
LEAGUE USE ONLY

P.O. Box 6092
 Brownsville, Texas 78521

REGISTRATION FORM

Registration Date: _____

Player Name: _____

Date of Birth: _____
First Middle Last
 Certificate on File: **Y N**
Month Day Year Circle One

Previous Kickball Experience: _____

Do you plan to return to last year's team, if eligible? **Y N**
Circle One
 Division/Team/League
Shirt Size? YS YM YL AS AM AL XL
Circle One

Comments/Health Problems: _____

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

Father/Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____
Street Zip

Occupation: _____ Work Phone: _____

Mother/Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____
Street Zip

Occupation: _____ Work Phone: _____

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 is **ONE** fundraiser each season, if you choose not to participate in the fundraiser; your daughter will not be eligible to participate as an All-Star.

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 (**East Brownsville Little Miss Kickball League**), the chartering organization (**Little Miss Kickball International, Inc.**), the City of Brownsville, 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 **East Brownsville 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: _____

LEAGUE USE ONLY

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