

**WESTAMPTON RECREATION
ADULT COED KICKBALL LEAGUE
2014 REGISTRATION FORM – AUTHORIZATION AND RELEASE**

REGISTRATION DATES: JULY - AUGUST 2014 **TIME:** 8:00 AM – 3:30 PM (Mon.-Thur.) or BY MAIL

LOCATION: WESTAMPTON MUNICIPAL BUILDING
710 RANCOCAS RD.
WESTAMPTON, NJ 08060

REGISTRATION FEE: \$40.00 PER PARTICIPANT

PROGRAM INFORMATION: Remember back in grade school when playing kickball at recess was the thing to do? Relive that fourth-grade experience once again as an adult in the Westampton Recreation Coed Kickball League. This league will be officiated and follow the rules set by the Recreation Department. (Remember this is kickball – how tough can the rules be?) Coed Kickball will take place on Saturday evenings in Westampton starting September 13th and running through November 1st. Each participant will receive a team t-shirt, and all equipment will be provided. After each game is over, players are welcome to come out to a local restaurant/bar--league sponsor, who will have some food and cold beverage specials for kickball players to enjoy.

PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ SEX: MALE: _____ FEMALE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE:(_____) _____ CELL PHONE:(_____) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT & PHONE #: _____ (_____) _____

Do you have any known allergies or medical conditions that need specific attention during the program? Please be very specific: _____

JERSEY SIZE (CIRCLE ONE): ADULT: SM MED LG XL XXL XXXL

In agreeing to participate in this activity, as a participant, I affirm that my general health is good and that I am not adversely affected by exercise and am capable of performing an activity of this nature. In consideration of participating in this activity, I do hereby assume all risk of any injury to myself and will indemnify and hold harmless from any and all liability, actions, causes, claims, and demands of every kind of nature whatsoever that I have or which arises of or in connection with my participation in this activity, the County of Burlington, the Township of Westampton, the Westampton Township Recreation Department, and the Westampton Township School Board, and all their officers, agents, employees, staff, volunteers, and successors. It is likewise assumed and agreed that the participants will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant to see these criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree for immediate first aid if injured when deemed necessary. I also understand that Westampton Township does not provide accident insurance for any of its participants.

Participant's Signature: _____ Date: _____

ARE YOU INTERESTED IN BEING CAPTAIN OF YOUR TEAM?: YES _____ NO _____

ANY QUESTIONS PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2014 Adult Coed Kickball Registration	<u>Do Not Write in This Box – For Accounting Purposes Only</u>
For Office Use Only:	Amount Paid: _____ Cash: _____ Check No.: _____ Received By: _____
Team Requested: _____	Special Notes: _____