



Alice Little Miss Kickball 2010 Registration Form

www.alicelmk.org

Registration Date _____

Player Name _____
First Middle Last

Date of Birth ____/____/____ Birth Certificate on File: Yes or No (Circle One)

Previous Experience: _____
Division/Team/League

Do you plan to return to last year's team, if eligible? Yes No
Do you have a sister playing kickball, if so, name and age _____

Shirt Size: YS YM YL AS AM AL AXL AXXL (Circle one)

Short Size: YS YM YL AS AM AL AXL AXXL (Circle one)

Comments/Health Problems: _____

Please circle who child lives with: Mother Father Both Parents Guardian

Father/Guardian Name _____ Home Phone _____
Address _____ Cell Phone _____
Occupation _____ Work Phone _____

Mother/Guardian Name _____ Home Phone _____
Address _____ Cell Phone _____
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 Scorekeeper Asst. Coach

PHOTOGRAPHY/VIDEO RELEASE

I **DO / DO NOT** (Circle one) give permission for my child to be included in photographs, and/or videotape productions for the purposes of event publications and multimedia presentations. _____

PARENT/GUARDIAN _____

EMAIL ADDRESS _____

LEAGUE USE ONLY

AMOUNT PAID _____ CASH/CHECK# _____ TAKEN BY _____

Name of player _____ age _____
As of 8/31/10

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 member of Little Miss Kickball International, Inc. In the event my daughter should need emergency medical treatment requiring the consent of a parent, guardian or managing conservator, and it is the opinion that there is not sufficient time to obtain my consent, then, under these circumstances, I authorize **ALMK** to act as temporary guardian of my daughter and authorize him/her to consent to such surgery and 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, Little Miss Kickball, Inc., it's Board of Directors and it's employees, chartered leagues and their board of directors, as well as umpires, team coaches and sponsors.

Signature of Parent, Guardian or Managing Conservator

Date

Address _____

Home Phone _____

Business Phone _____

Cell Phone _____

Child's Physician _____

Address _____

Phone # _____

Medical Problems and/or Allergies

Religion (Optional)

TRAVEL PERMISSION FORM

My daughter, _____, has my permission to travel for all organized activities of Little Miss Kickball International, Inc. and ALMK. My child **(does) (does not)** have my permission to go swimming, if available.

By signing this form, I hereby and agree to indemnify and hold harmless, Little Miss Kickball, Inc., it's Board of Directors and it's employees, chartered leagues and their board of directors, 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, Little Miss Kickball International, Inc. shall not be held liable or responsible for the intentional acts of individuals acting outside the scope of a Corporation Officer, League Officer, employee, umpire, team coach or sponsor.

"I understand that as a parent, I am responsible for informing my daughter'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 league, coaches, sponsors or Little Miss Kickball International, Inc. will be responsible of relinquishing possession or custody of my child to a parent or legal guardian of my child unless I inform them **and** provide them with a copy of such an order that specifically sets forth the terms and conditions affecting custody of my child."

Signature of Parent, Guardian or Managing Conservator

Date

Address _____

Home Phone

Business Phone

Cell Phone