



Hermitage Kickball League

Information

Full Name:

Last *First* *M.I.*

Address:

Street Address

City *State* *ZIP Code*

Phone Number: () _____ Email Address : _____

Emergency
Contact Name

Emergency
Contact Phone : () _____

T-Shirt Size

Small Medium Large X- Large Other: _____

Wavier

In case of a medical emergency I, authorize the director, instructor, aide, or supervisor of the Parks and Recreation Program to seek medical treatment. I voluntarily choose to participate in this athletic activity and I realize the risk that injury could occur and release the City of Hermitage and the from any liability regarding such injury or emergency.

Participant's signature: _____

Team Captain: _____