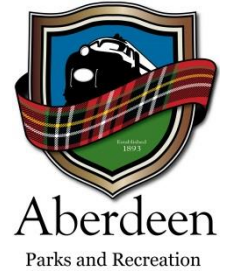


ADULT KICKBALL DOUBLE-ELIMINATION TOURNAMENT REGISTRATION FORM



Tournament Date: Saturday, June 25th @ Colonial Heights Park
Registration Deadline: June 17th

Eligibility: Male, Female or Co-Ed teams but must be 16 or older
Cost: \$100 per team; minimum of 6 teams

Team Name _____

Team Captain: _____ PHONE #: _____

EMAIL: _____ Signature: _____

Statement of Waiver

I, for myself, hereby assume all of the risks and hazards incidental to the conduct of the activities sponsored by Aberdeen Parks and Recreation Department. I release, absolve, and indemnify the Town of Aberdeen, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities, and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Aberdeen Parks and Recreation Department. I further give permission for proper emergency care to be rendered to myself should I not be available or able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers the potential hazards and risks that may be associated with the activity, and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Aberdeen does not provide transportation to or from activities scheduled by the Aberdeen Parks and Recreation Department.

Please return completed form, along with registration fee to Aberdeen Parks and Recreation:

- Drop off at our office at 301 Lake Park Crossing, Aberdeen, NC, 28315
- Pay online at www.townofaberdeen.net & Fax (910-944-1119) or Email (aprd@townofaberdeen.net) over the registration form

OR

- Mail in the payment and registration form to PO Box 785, Aberdeen, NC, 28315, Attn: Tyler Huneycutt



Registration Fee: \$100 CC CASH CHECK# _____ ONLINE CC Date Paid _____ Staff _____

Name	Age w/ Birthdate	Email / Phone #	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			