CAROLINA BEACH PARKS & RECREATION

ADULT KICKBALL LEAGUE
REGISTRATION FORM

TEAM NAME:_____

TEAM CAPTAIN:_____

PHONE NUMBER:_____ FAX:_____

EMAIL: _____

MAILING ADDRESS:_____

_____

ALTERNATE CONTACT:_____

PHONE NUMBER:_____ FAX:_____

EMAIL: _____

WAIVER/RELEASE

I, by signing below, desire to participate in the Adult Kickball League offered by the Carolina Beach Parks & Recreation Department. I hereby voluntarily release the Town of Carolina Beach, its Parks & Recreation Department, and all staff, from any and all responsibility, liability, claims, demands or causes of action, on account of injuries or problems of any nature, which may arise as a result of my participation in the above described activity.

SIGNATURE:_____

DATE:_____