



Adult Kickball League



Roster

Team Name: _____ **Jersey Color:** _____

1.	14.
2.	15.
3.	16.
4.	17.
5.	18.
6.	19.
7.	20.
8.	21.
9.	22.
10.	23.
11.	24.
12.	25.
13.	26.

Team Captain: _____ **Email:** _____

Preferred Method of Contact (please place in order): Call: Text: Email:

Each team is responsible for matching shirts/jerseys. Numbers and names on jerseys are encouraged but not required. Each team member is responsible for filling out and signing this waiver form before they can participate in the league. Players must be over the age of 16 to participate. All players must sign waiver form to compete.



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Waiver and Liability Release Form

Team Name: _____ **Jersey Color:** _____

Liability Release Statement- I hereby release the City of Harrisonburg from all claims for damages arising from any accidents from any injuries that are caused by or arise from participation of the applicant named on this registration form during the program or in any facility or at any location where a program is being held. I grant permission to use my photo in promotional material to promote the Harrisonburg Kickball League.

Print Name	Signature	Print Name	Signature
1.	_____	14.	_____
2.	_____	15.	_____
3.	_____	16.	_____
4.	_____	17.	_____
5.	_____	18.	_____
6.	_____	19.	_____
7.	_____	20.	_____
8.	_____	21.	_____
9.	_____	22.	_____
10.	_____	23.	_____
11.	_____	24.	_____
12.	_____	25.	_____
13.	_____	26.	_____