2010 Kindergarten Kickers Registration Form

Kennett Area Park & Recreation Board

Instructions:

1. Fill out this form completely and return with full payment.
2. If you are registering more than one child, fill out a form for each child separately.
3. Incomplete registration forms will be returned.
4. Registration is non-refundable.
5. To download additional forms or information, go to www.kaprb.com

Please return all forms to:
Joe Meola
100 Salasin Drive
Avondale, PA 19348

Applicant Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Birthdate: _____
Township: *You must check which Township you reside or registration will not be processed!*
□ New Garden □ Kennett Borough □ Kennett Township □ E. Marlborough □ Other_____
Home Phone of Player: _____
Father's Name: _____ home: _____ work: _____
mobile: _____
Mother's Name: _____ home: _____ work: _____
mobile: _____
Email 1: _____

2010 Kindergarten Kickers Registration Fee $45.00

Please make checks payable to: KAPRB
Please return form with payment to: Joe Meola 100 Salasin Drive Avondale, PA 19311

Dates: April 13 - May 20 (Tuesday and Thursday mornings 10am - 11am)

Time: 10:00am - 11:00am

Location: Anson B. Nixon Park, Kennett Square, PA

Volunteer Coach: _____

Release of Liability

1. In consideration for being permitted by Kennett Area Park and Recreation Board (KAPRB) to participate in the 2010 Kindergarten Kickers Program, I hereby waive, release, and discharge any and all claims for damages for personal injury and property which I may have, or which may hereafter accrue to me, as a result of participation in this program. This release is intended to discharge in advance KAPRB (its officers, employees and agents) from any and all liability arising out of negligence or carelessness on the part of the person listed above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. I agree to indemnify and to hold KAPRB free and harmless from any loss, liability, damage, cost, or expense which may incur as the result of any injury or property damage that I may sustain while participating in said activity.

2. I am fully aware that KAPRB carries no medical insurance for any participant and I am solely responsible for securing my own medical care if required.

Parent/Guardian Signature: _____ **Date:** _____

Official Use Only!

Registration No._____ Check # _____ Amount: _____ Date: _____