



Adult Kickball League



Where: Sharron Baucom Dale City Recreation Center

Which Season (circle): Summer or Fall

Times: Thursday Evenings

Age: 18+

Levels: all!

Cost: \$500/team (10 - 20)

No tryouts, everyone makes the team.

14300 Minnieville Rd
Dale City, VA 22193
703.670.7112 ext 224
www.pwcparks.org/dcrc

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

Team Captains are responsible for gathering team mate's information, signatures, and team payment. Team payment is due by the first league game. Team captains will be the point of contact for all league information including game schedules, notifications, updates, rules and regulations, and any other important information.

Payment: cc# _____ / _____ / _____ / _____ exp. _____ check cash amount _____

Participation Agreement: The Prince William County Park Authority assumes no liability for injuries or damages from the results of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician. All activities present inherent risks and hazards which the participant assumes. I hereby approve of my participation in the program. To the best of my knowledge, there are no physical or other conditions which will interfere with my participation. I understand that photographs/video taken of programs may be used by the Park Authority. The Park Authority has my permission in an emergency to call Emergency 911 and/or send myself to a Hospital/Urgent care Facility and the Hospital and medical staff have my authorization to provide treatment which a Physician deems necessary for my well being.

| | | |
|-------------------------|--------|------|
| Team Captain Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home and/or Cell Phone: | | |
| Email Address: | | |
| Player Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home and/or Cell Phone: | | |
| Email Address: | | |
| Player Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home and/or Cell Phone: | | |
| Email Address: | | |
| Player Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home and/or Cell Phone: | | |
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Player Name:

Address:

City:

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Home and/or Cell Phone:

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