



Adult Kickball League Roster Sheet



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 18 to participate. All players must sign waiver form to compete.



Adult Kickball League 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.

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