LONGVIEW PARKS & RECREATION

# FALL kickball 2020

SEASON BEGINS:
SEPTEMBER 15

## REGULAR REGISTRATION

JULY 20 - AUGUST 21  $270

## LATE REGISTRATION

AUGUST 24 - SEPTEMBER 4  $295

130 E. TIMPSON ST. - 903.237.1270. - LONGVIEWTEXAS.GOV/PARKS

CITY OF LONGVIEW PARKS AND RECREATION

# ADULT KICKBALL REGISTRATION FORM

***NOTE: ALL team names must be approved by PARD. NO questionable or suggestive names will be allowed.**

**TEAM NAME:**

**FORMER TEAM NAME (if applicable):**

**PRIMARY COACH:** **DATE OF BIRTH:**

**ADDRESS:**

**CITY:** **STATE:** **ZIP:**

**DAYTIME PHONE NUMBERS ------ CELL:** **WORK:**

**HOME PHONE:**

**E-MAIL (REQUIRED):**

***NOTE: Make-up/rainout schedules will no longer be mailed to coaches, they will be EMAILED ONLY!!**

**SPORT:**
- ☐ SOFTBALL (SB)
- ☐ BASKETBALL (BB)
- ☐ FLAG FOOTBALL (FFB)
- ☑ KICKBALL (KB)

**LEAGUE:**
- ☐ MEN'S OPEN (SB, BB, FFB)
- ☐ MEN'S IND. (SB, BB)
- ☐ MEN'S CHURCH (SB, BB)
- ☐ MEN'S 35 & OVER (SB ONLY)
- ☐ YTH CHURCH COED (SB, KB)
- ☐ CHURCH COED (SB ONLY)
- ☐ COED (SB, KB)
- ☐ WOMEN'S OPEN (SB ONLY)

**LAST DIVISION:** check the division the team last played in.
- ☐ DIV 1
- ☐ DIV 2
- ☐ DIV 3
- ☐ DIV 4
- ☐ DIV 5
- ☐ DIV 6
- ☐ NEW TEAM

**REQUESTED DIVISION:** check the division the team is requesting.
- ☐ DIV 1
- ☐ DIV 2
- ☐ DIV 3
- ☐ DIV 4
- ☐ DIV 5
- ☐ DIV 6
- ☐ NEW TEAM

**SEASON:** ☐ SPRING ☐ SUMMER ☑ FALL ☐ WINTER

**SPECIAL REQUESTS - NO GUARANTEES!**

I, AS COACH OF THE ABOVE NAMED TEAM, AND THE PLAYERS OF THIS TEAM AGREE TO ABIDE BY AND ADHERE TO THE RULES SET FORTH BY THE CITY OF LONGVIEW PARKS & RECREATION DEPARTMENT.

COACH / CHURCH PASTOR / TEAM MANAGER SIGNATURE DATE

**FORM OF PAYMENT:** ☐ CHECK # _____ ☐ MO _____ ☐ CASH ☐ Visa / MC / Discover

**ALL PERSONAL CHECKS REQUIRE DATE OF BIRTH AND DRIVER'S LICENSE NUMBER**

**OFFICE USE ONLY** TOTAL FEE: _____ DATE: _____

*ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, SEPTEMBER 4,2020.*

# PARD Adult Kickball--Fall 2020 -- Roster/Waiver Form

| Team Name | Coach | Phone | League | Division Requested |
|---|---|---|---|---|

| | Print Player's Name | Player's Signature (parents if under 18) | Address, City, Zip | Phone Number | T-Shirt Size |
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**MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.**

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. **THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, SEPTEMBER 4, 2020.**

**Coach's Signature Verifying AUTHENTICITY of Signatures: _____ Date: _____**

# Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport.

**I UNDERSTAND THAT NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR THE PARKING LOT AREA AT ANY TIME.**

My signature indicates that I have read and understand these policies.

_____

Signature

_____

Printed Name

_____

Team

_____ _____

League Date