**“Kick Cancer to the Curb”**

**Kickball Tournament**

 ***www.lopkl.com***

**Registration Form**

**(send completed form to:** **ladiesofpearlskickball@gmail.com** **)**

***Competitor Demographic/Contact Information***

**Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you registering as a team?** 🞏Yes 🞏 No

**If yes, List your team name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you interested in participating in future events?** Yes No

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Emergency Contact Information***

**Name/** **Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire to participate in “kick cancer to the the curb” kickball tournament hosted by Ladies of pearls kickball league. Therefore, by competing in this tournament, I agree to release and hold harmless Ladies of Pearls Kickball League from any damages to property or injuries which I may suffer due to my participation in this tournament. I agree to release and hold harmless the Ladies of Pearls Kickball League, its owners, coaches and/or representatives regarding my participation of any physical activities including loss or damage to property, any injury or death of any person in any manner, caused or contributed to by Ladies of Pearls Kickball League. BY SIGNING THIS DOCUMENT, I DECLARE THAT I HAVE READ AND VOLUNTARILY ENTER INTO THE TERMS OF THIS AGREEMENT.

**Participant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

***Registration fee of $35.00 per person (non-refundable)* Initial:  *\_\_\_\_\_\_***

***For office use only: Registration Fee \_\_\_\_\_ [ ]  Cash \_\_\_\_\_[ ]  Card Owner Initials\_\_\_\_\_\_\_\_\_\_\_\_\_***