



BVAC



ADULT KICKBALL FALL LEAGUE 2010

Blue Valley Activity Center 19404 E. HOLKE RD * INDEPENDENCE, MO 64057
(816) 796-8702 bvac@bvacsports.org fax 816-796-2372

MUST BE 18 OR OLDER TO PLAY IN THIS LEAGUE!

FRIDAY and Saturday NIGHT LEAGUE
BEGINS: SEPT. 10th

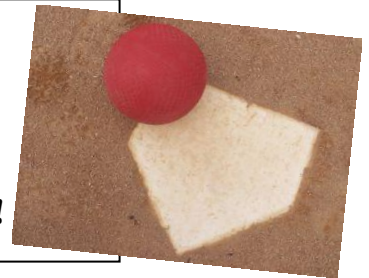
SIGN UP YOUR TEAM

TEAM FEE \$285.00

CO-ED TEAMS

10-15 ON A TEAM

DEADLINE TO REGISTER AUGUST 27th, 2010!



BVAC HAS A ZERO TOLERANCE POLICY. THERE WILL BE NO HARASSING OF THE OFFICIALS, COACHES, PLAYERS, OR FANS ALLOWED. PLEASE ENJOY THE GAME!! BVAC IS A FAMILY FUN FACILITY, NO ALCOHOL, DRUGS, PROFANITY, SMOKING, OR PETS ALLOWED ANY PLACE ON THE GROUNDS.

BVAC is not responsible for lost, stolen, or damaged properties.

MANAGER'S NAME: _____ EMAIL _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME PHONE: _____ CELL _____ WORK _____

AMOUNT ENCLOSED: _____

\$15 LATE FEE IF PAST DEADLINE August 27th, 2010 REFUNDS WILL NOT BE GIVEN!

(A \$25.00 SERVICE CHARGE ON ALL RETURNED CHECKS)

WAIVER FORM

Permission and Authorization for Treatment: We hereby give our consent in case of accident or injury, we hereby agree to hold the Blue Valley Activity Center, it's employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which arises by or in connection with my participation related to this sport. We also give consent for the league director, referees, or its coaches to obtain through a physician or a hospital of its choice, such medical care as is reasonably necessary for my welfare.

SIGNATURE _____ **DATE:** _____

Please help support the growth of BVAC's sports programs. Thank you!
Donation Amount \$ _____

If charging you may fax to (816) 796-2372

OFFICE USE ONLY:

DATE RECEIVED _____ **AMOUNT** _____ **CK#** _____ **CASH** _____ **CHARGE** _____

CREDIT CARDS: ___ VISA ___ MASTERCARD _____ **TOTAL AMOUNT**

CREDIT CARD NUMBER:

VERIFICATION CODE *LAST 3 DIGITS ON REVERSE SIDE OF CARD

NAME (AS APPEARS ON CARD) _____

BILLING ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

SIGNATURE _____ **EXPIRATION DATE** ___ / ___ / ___
Month / Year