

# BVAC ADULT KICKBALL FALL LEAGUE 2010

**BLUE Valley Activity Center 19404 E. Holke Rd. Independence, MO 64057**

**816-796-8702    bvac@bvacsportsports.org    fax 816-796-2372**

**TEAM SIGN UP FORM    \$285.00 TEAM FEE    Deadline to register AUGUST 27th , 2010**

**Must be 18 or older to play in this league!**

Official Team Roster and Waiver Form

TEAM NAME: \_\_\_\_\_ MANAGER: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_



### PLAYER WAIVER, RELEASE OF LIABILITY AGREEMENT

I, the undersigned consent to participate in this BVAC program. In case of accident or injury, I 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 in any activities related to this sport. If in the event of an emergency, I also give my consent for the league director or umpire to obtain through a physician or a hospital of its choice, such medical care as is reasonably necessary for my welfare.

NAME-PLEASE PRINT	Address	City/State/ Zip	Home or Cell	Signature	Date
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