



YOU TOO Kickball League Official Team Roster

Division: _____

Team Name: _____

Coaches Name: _____

Players, coaches and adults must show good sportsmanship while attending all games. YOU TOO Kickball League reserves the right to dismiss anyone from the field and league for disorderly conduct.

MEDICAL RELEASE / WAIVER

I do hereby authorize YOU TOO Kickball League to provide or transport participants for emergency medical treatment to a health care facility to/for me in the event that I am in need for such treatment. I further authorize the treatment to be provided by a licensed medical practitioner or facility determined by the league to be the best able to serve my needs and further, I understand that I am totally responsible for any expense associated with such treatment. I hereby agree not to sue YOU TOO Kickball League if I am injured in any manner while participating in the program. I will hold YU TOO Kickball and staff harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury I may receive while participating in the program. I understand that by signing below I give up all right to sue the YOU TOO Kickball League.

By signing this application, I agree that I have read all information pertaining to the league and I agree with all the guidelines set forth by YOU TOO Kickball League

	Player Name (print)	Address (print)	City	ZIP	State	D.O.B.	Phone Number	Signature
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