

ALBURTIS AREA COMMUNITY CENTER KICKBALL SIGN-UP FORM

This is a FUN co-ed activity. Heckling the Coaches or poor sportsmanship will NOT be tolerated at any time, you will be asked to leave the game.

***Sneakers are to be worn, NO sandals, crocks or flip flops.
If your child is wearing inappropriate footwear, they will not be able to participate

****Participation Agreement must be signed to participate****

SIBLINGS WILL BE PLACED ON THE SAME TEAM. OTHER REQUESTS CAN BE SUBMITTED BUT MAY NOT BE HONORED.

REQUEST: _____

Shirt Sizes available are Child: S M L Adult: S M L XL

Player's Name SIZE	M/F	AGE	DOB	INDICATE SHIRT
_____	_/_	_/_	_/_/___	Child/Adult: S M L XL
_____	_/_	_/_	_/_/___	Child/Adult: S M L XL
_____	_/_	_/_	_/_/___	Child/Adult: S M L XL
_____	_/_	_/_	_/_/___	Child/Adult: S M L XL

One

Child/Adult Circle

Parent/Guardian Name (s): PLEASE PRINT _____

Address: _____ City: _____ Zip: _____

Street Address

CELL: _____ HOME: _____

EMAIL ADDRESS: (PRINT VERY CLEARLY) _____

****WE PRIMARILY COMMUNICATE BY EMAIL****

Each family is asked to help by volunteering for one or more of the following. This program cannot happen without the help of parents. PLEASE BE AWARE THAT ALL COACHES WILL BE SELECTED ON A FIRST COME FIRST SERVE BASES ONLY. ALSO WE CANNOT RUN TEAM WITHOUT COACHES. We will try our best to accommodate your selections below, but there is a chance you will be asked to assist in other areas due to lack of participation in other needed volunteer positions once the TEAMS are organized. **There is a \$10 non-participation snack fee if you choose not to donate snacks.** Thank you for your understanding in advance 😊!

*****Shirt size needed if you are a coach:** _____

Co-Coach: 4 to 6 7 to 13 *(2 per Team needed, shirt size needed)*

Team Snack Coordinator: 4 to 6 7 to 13

(All parent(s) take turns bringing snacks each game for the team)

Number of Players _____ x \$35 _____
Non-Participation Snack donation Fee _____ \$10 _____

PLEASE MAKE YOUR CHECK PAYABLE TO THE AACC _____ = _____

**Mail your payments to :
Mara Mackiewicz 5153 Celia Drive Allentown PA 18106**



Alburts Area Community Center
2nd & Walnut Sts., PO BOX 381, Alburts, PA 18011
610.966.2954 * Tax ID 23-2667142 * www.aacconline.org

PARTICIPATION AGREEMENT

I, _____, consent to participate in the activity of my choice.
(Please Print Participant's Name)

Because I realize there is a possibility of physical injury to such participants, I agree that upon acceptance by the Alburts Area Community Center (herein referred to as the AACC) of the named applicant as a participant, the following terms and conditions are effective immediately.

1. All injuries resulting from participation in the chosen activity shall be reported to the AACC in writing relieve the AACC of all responsibility under the terms hereof unless the AACC had actual knowledge of injury prior to the expiration of said period of time.
2. AACC shall only provide and pay for immediate, emergency medical hospital services required by the participant as a result of injuries received during the chosen activity limited to a total amount of twenty-five dollars (\$25,00) for each occurrence. AACC shall not be responsible for, provide or pay for any medical and/or hospital services which may be required thereafter. In no event shall the AACC be responsible for medical and/or hospital services which are payable under any insurance policies covering said participant.
3. The undersigned agree(s) not to sue, nor to authorize or permit any other party to sue, except to enforce the provisions of paragraph 2 hereof, in their agents, and coaches, or any of them to recover damages of any nature whatsoever on account of any injury to said participant incurred while participating in the chosen activity, and in the event of a breach of the condition to reimburse the AACC, its servants, agents, and/or members for all costs and expenses, including reasonable counsel fees, incurred by any of them investigating and defending such a suit.
4. The undersigned shall reimburse the AACC, its servants, agents and/or members, or any of them, for all sums recovered from any of them by the undersigned, any party other than the undersigned, or any of them, as damages by reason of any injury to said participant received while the latter is participating in chosen activity.
5. These conditions shall apply jointly and severally to the undersigned and shall be severable.
6. The undersigned, and each of them, state that they intend to be legally bound by the foregoing conditions.
7. Furthermore, I am accepting responsibility for the equipment entrusted to me, and I will see to it that all items are returned to the officers at the end of the activity, clean and in good repair.
8. The members and their family members and guests and invitees agree to hold the AACC and their members and employees, coaches, volunteers, contractors harmless from any damages, injuries, causes of action, torts, liabilities and any and all causes of action arising from the AACC or their members or employees or contractors, coaches, or staff for any and all reasons.

Signature of Participant (If under 18, signature of parent/guardian) _____ Today's Date _____

Address: _____ Street _____ City _____ State _____ Zip _____

A Non-Profit, Volunteer-Run Organization

The Alburts Area Community Center's mission is to provide a balanced and comprehensive range of quality recreational and educational programs and activities for the residents, young and old, of Alburts and the adjacent communities.