

**CITY OF GREENSBURG PARKS AND RECREATION DEPARTMENT**  
520 NEW ALEXANDRIA ROAD, GREENSBURG, PA 15601  
PHONE: (724)834-4880 FAX: (724)834-4895 EMAIL: [rec@greensburgpa.org](mailto:rec@greensburgpa.org)

**ADULT KICKBALL TEAM REGISTRATION FORM**

TEAM CAPTAIN: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ GENDER: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ ☐Cell ☐Home

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

TEAM MEMBERS' NAME	GENDER	BIRTHDATE
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		

Release: I, in consideration of my (or my child's) participation in this activity, hereby release the City of Greensburg and its Parks and Recreation Department, as well as the Greensburg Salem School District (at any location), and any individual connected herewith from any and all property damage or liability arising from accident, injury, or illness suffered as a result of participation in this activity. I also permit the use of any photographs and videotape of me or my children for promotional purposes. The parent, guardian, or participant assumes agrees to follow the department's Code of Conduct at all times while said activity is being held, and all risks inherent in the activity and will hold City of Greensburg Parks and Recreation, its affiliates, directors, and employees harmless from any participant claims or causes of action that may arise from this activity and free and harmless from liability of any nature.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME

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**PAYMENT INFORMATION – FOR OFFICE USE ONLY**

Date: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Money Order: \_\_\_\_\_ Credit/Debit: \_\_\_\_\_ Online: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Received By: \_\_\_\_\_